MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3 FICATE OF DEATH funeral and 2 death, PLACE DF DEATH 13 A USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 2, a. STATE b. COUNTY MARYLAND BACTIMORE b. CITY OR TOWN (if outside corporate limits. I completely filled in by to ove carbon papers. Page y event, within 72 hours a c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours AUTMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO within YES 3. NAME DE First Middle DATE Last 4. Month Day Year DECEASED DF DEATH OMAS BRIGH (Type or print) 19 66 5. SEX 6. COLOR 7. MARRIED DATE OF BIRTH NEVER MARRIED AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS any Months WIDOWED DIVORCED and in 10a, USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician a 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? celtificate 4/C SCHOOL FINICRE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending grmit. Ther 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes pive war or dates of service) w SAMEAS ABOUR the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] n signed by the burial-transit INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. MYOCARMAL DUE TO WYPERTENSION Conditions, If any, which been gave rise to immediate r the DUE TO cause (a), stating the prior underlying cause last. has 38 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY for use Health certificate PERFORMED? YES [ NO TX After this certifuld be detached for 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) White Not While at work at work OIRECTOR: Jage 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from 4647 19 60 and that death occurred at 4 27M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED annel d. 1 M.D. PHYS. DIRECTOR PHYS. 4 may E I TO FUNERAL 22c. PHYSICIAN'S director, p 22d. **ADDRESS** NAME (Type) LOCKY BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 10/7/66 Moreland Memorial Cem 25a. REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR VR A15 (4) Wm. Cook-Brooks Towson 1050 York Rd. 21204 DATE 20 M 1/65

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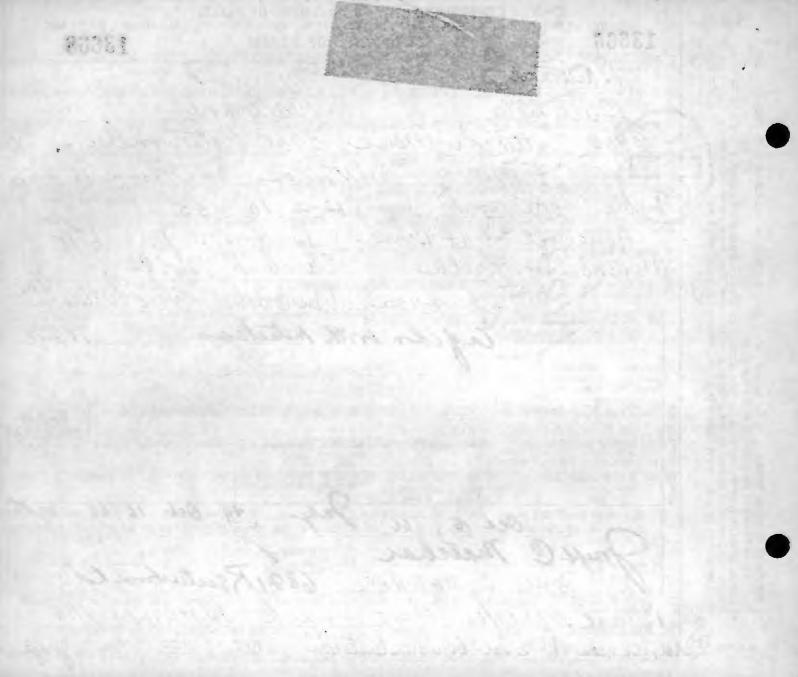
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	OR AT be rel JIRECT Se 3 s ed with		22a. SICNATURE 22b. DATE SICNED	
			M. Jaabello Maagreger M.D. ATTENDING MED. BLACTOR STAFF 10, 4.66  22c. PHYSICIAN'S NAME (Type) IS ABELLE MACGREGOR. Greater Baltimore hedical	tre
	Page 4 mg or FUNERAL director, pshould be	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13665 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death. and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND hours after b. CITY OR TOWN (If c. LENGTH OF STAY IN 16 carporote limits, write RURAL and give nearest town) c. CITY OR TOWN IS RESIDENCE ON A FARM? within 72 NO X YES T carbon DATE DECEASED (Type or print) OF DEATH AGE (In years DATE, OF BIRTH remove Inst birthdoy) Months Doys Hours WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTR Page 4 may be retained by the certificate has been signed by the attending place. I have been signed by the attending place. I have been signed by the attending place. 17. INFORMANT (Yes, no, or Intenoven) If If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) ottending physician. DUE TO 12 hos Conditions, if any, which gove rise to immediate cause (o), DUE TO stoting the underlying couse Health prior to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO the hospitol or 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 9 (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month. Dov. Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) 19 65, to 10/2 2 . 19 6 by that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from be retoined saw the deceased alive an\_ 19 (- C and that death accurred at 6.35 PM, from causes and on the date stated above 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) plnods DATE THEREOF NAME OF CEMETERY OR CREMATOR' BURIAL, CREMATION REGISTRAR'S SIGNATUR

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND 1366 CERTIFICATE OF DEATH death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) a. COUNTY Baltimore b. COUNTY after Ltimone eľ the MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (if putside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b papers. Pag hours Limonium imonium .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ed ON A FARM? 2070 York Road within 2070 NO DO YES completely carbon 3. NAME DE First Middle Last DATE Month Day Year 4. DECEASED OF Elizabeth event, Arnold (Type or print) DEATH Uctober and con 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours any WIDOWED X DIVDRCED [ 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician certificate be during most of working life, even if retired) INDUSTRY COUNTRY? and Housewile Uwn Home Panukand ᆷ 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal. attending ph Mary Hessian John Kelly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address transit permit, cremation, or r 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) No None records the been signed by the burial transit remains to burial, cremat 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) TERIOSCLERODO VISCUME DISEASE Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. for use Health use PERFORMED? certificate NO W YES [ PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of 1 this MEDICAL 20c. TIME OF INJURY Month, Day, Year | (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While p.m. at work at work retained Ocit 0 1954 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from to. DIRECTOR: age 3 should lied with the and that death occurred at TP M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a SIGNATURE þe ATTENDING STAFF page OCT. PHYS DIRECTOR PHYS. M.D. TO FUNERAL I -ADDRESS 22¢. PHYSICIAN'S 22d, 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Scecify) Joseph emeteru Maruland ockesuville. Durial REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 1 25b. FUNERAL DIRECTOR 24. Sons. VR AI5 (4) Burns lowson. 20M 1/65



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WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY  Hour a.m.  p.m.  19  20d. INJURY OCCURRED  While Not While at work at work at work at work 19  10certify that (I) (this hospital) attended the deceased from.  Saw the deceased aliye on	death occurred at  ATTENDING PHYS	19, to	the causes  STAFF PHYS.   ATION (City, to	and on the d	that (I) (we) la ate stated above 22b. DATE SIGNE
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MARYLAND STATE DEPARTMENT OF HEALTH

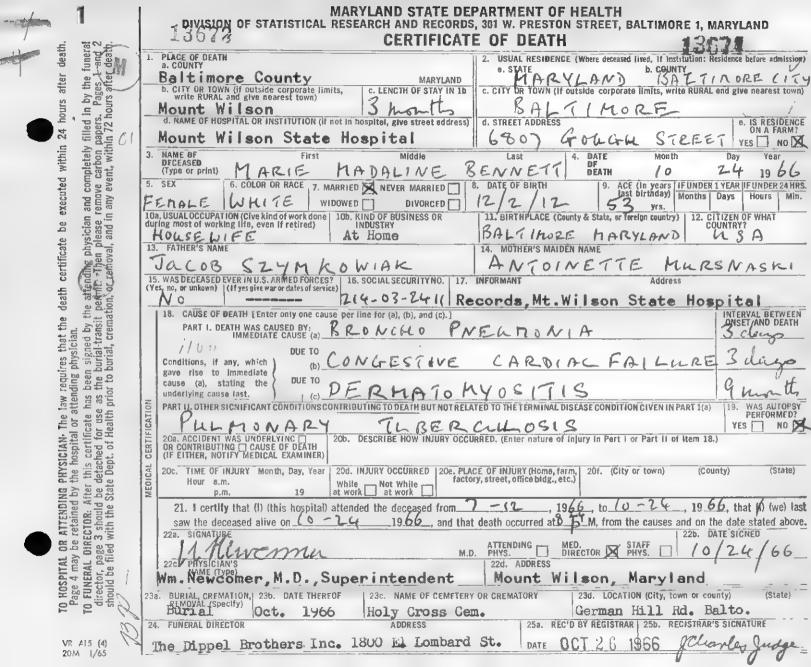
DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased leved, If institution; Rasidence before admission) e. COUNTY b. COUNTY 후 2 4 Baltimore MARYLAND Baltimore Maryland by tand b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Towson Towson d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARMS 5163 Hampton Lane Hampton YES NO T 3. NAME OF Midd a 4. DATE Month DECEASED (Type or print) DEATH M. 1966 Bauer 10 Anna and cor 8. DATE OF BIRTH IF UNDER 24 HRS. 5 SEX 6. COLOR 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF JNDER 1 YEAR ast\_birthday) Months Hours 10-16-1895 WIDOWED [ DIVORCED IDa. USUAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home Va. USA 83. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ple Fannie Barker James L. Webb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown), (Ifyes give war or dates of service) Albert Bauer Above 18. CAUSE OF DEATH [Enter only one cause par lina for (a), b), and (c).) INTERVAL BETWEEN Carcinoma of right ovary with generalized PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) metastasis **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) Month, Day, Year (County) (Slata) factory, street, office bldg., etc.) Not While Whila Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Nay 19 60 to Oct. 21 , 19.00 that (1) (we) last Oct. ...... 19.00, and that death occured at I.A.M. from the causes and on the date stated above. saw the deceased ATTENDING 22a. SIGNATURE 22b. DATE DIRECTOR PHYS. MD. Jeath. Page Jirector, page of filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Greenmount Ave., Balto., Md. Lloyd 23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) 10-24-66 0 Oaklawn Baltimore 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) H.W. Jenkins & Sons Co.4905 York Rd. Balt gare OCT 15M 9/60



1 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		3870 CERTIFICATE OF DEATH 13679
the sath	1.	PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
ar de 1 al 1 al 1 al 1 al 1		a. COUNTY Bulblyman Baryland b. COUNTY Bults.
afte / the ges afte		D. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hours after death		Rural - Kardellitors 77 Years Purch - Kardellitors
filled papers. In 72 h		de NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
		Box 131 Old Court for - Palty MO. 21207 Box 131-Old Court pe, Polty MD. 21207 YESTE NO
w or te	3.	NAME OF Last 4. DATE Month Day Year DECEASED (Type or print) WILLIAM ANTHONY BAYLA DEATH 1966
comple ve carl event,	5.	SEY 1.6 COLOR OF PACE 1
xecuter And core emove any ev		M WIDOWED DIVORCED 27 UNE 8 1882 Hours Min.
E TELO	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT GOUNTRY?
and and		FREMER FREM BALLINGRE, MARYLAND VISIA.
ificate g physu en ples oval, ar	13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME
certifica Iding pl Then remova	15	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address BALTO, MO. 2.12-07
eath cert	(Ye	(1) (If yes give war or dates of service) 2/3-44-3963 WIFE - IPA BAYER POXIS OLD COUPTED.
the ation		18 CAUSE OF DEATH LEtter poly one cause per line for (a), (b), and (c) 1
E > 3 E		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (8)  CEBERAL THROMBOSIS  ONSET AND DEATH  WEEKS.
s that ysiciar igned ial-tra ial, cr		4+5 X
ires than physic physic physic physic physic physical-laborate phy		conditions, If any, which again rise to immediate (b) HYPERTENSIVE CARDIDYASCUCAR DISERSE VOYERFS.
PHYSICIAN: The law requires that the hospital or attending physician. This certificate has been signed by detached for use as the burial-trante bept. of H∎alth prior to burial, cre	Ш	cause (a), stating the DUE TO
law re tttendii has be as th	S	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
CIAN: The la Spital or atl certificate hed for use to Health L. of Health	CERTIFICATION	PERFORMED? YES NO
AN: Dital Triffe of Hi	RTE	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSICIA ne hospi this cert stached Dept. oi		
Fetting B	MEDILIAL	Hour a.m. While — Not While — factory, street, office bidg., etc.)
d by the After the design of t	2	p.m. 19 at work 1
ATTENDING retained b		21. I certify that (I) (this-hospitel) attended the deceased from TANNEY 10, 1955, to 00100024, 1966, that (I) (we) last saw the deceased alive on 0010002 22 1966, and that death occurred at 5.50 M, from the causes and on the date stated above.
med all med		22a. SIGNATURE.   22b. DATE SIGNATURE
		Edein Fliesport, M.D. ATTENDING MED. STAFF /0/24/66 226. PHYSICIAN'S   22d. ADDRESS
TO HOSPITAL Page 4 may TO FUNERAL director, pag should be fill		22c. PHYSICIAN'S NAME (Type) EDWIN L. PIERPONT, N.O. 820+ LIBERTY R2 - BALTO, MD. 21207
Page Page Frun Frun Should	232	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) /(State)
5 5 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Benoval (Specify) 10/20/66 Tout Cline Mandallistone 1110
R	24	FUNERAL DIRECTOR  FUNERAL DIRE
VR A15 (4) 15M 4-64	13.	Ting Toyers of Candallston Tile DATE OCT 26 1966 feliantes Judge

野青

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10673 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13671 FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY <> 7 o STATE b COUNTY MARYLAND C LENGTH DE STAY IN TO b CTY DR TDWN (If outside corparate limits, outside corparate limits, write RURA, and give negrest tawn) write RURAL and give neorest town) iate Departm haurs after o timols. d NAME OF HOSPITAL OR INSTITUT DN (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 3 NAME OF Last 4 DATE DECEASED OF DEATH (Type or print) S SEX 9 AGE (In years 6 COLDR OR RACE 7 MARRIED -NEVER MARR ED B. DATE OF BURTH IF UNDER 1 YEAR Jast pirthday) Manths Haurs WIDOWED D VORCED 100 USUAL DCCUPATION (Give kind of work done TOD KIND DE BUSINESS DR B-RTHPLACE (State or foreign country) 2 CIT ZEN OF WHAT during most of warking life even if retired) INDUSTRY COUNTRY? U.S.A. Pfeiffers Auto. echanic Baltimore, aryland farwarded to the Chief Medical Examiner 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil certificate should be executed with:n Frank Bennett Anna Deiner 15 WAS DECEASED EVER IN .. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, ng, ar unknown) (If yes give wor or dates of service) or removal. Mrs Matilde Bennett 2531 'arton Avenue 3b IB. CAUSE OF DEATH (Enter only one cause per line for (a) (b) ghe (c)) INTERVAL BETWEEN DOSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the ward burral, crematian, DUE TO Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying cause last 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 6 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in viry in Part I ar Part II of them 18) PRIMARY OF CONTR BUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, office bldg , etc.) Not While DIRECTOR: Page ot wark at wark designated 21. I certify that I taak charge at the remains described above, held an Autapsy Inspection [ Inquiry . and in my opinion death resulted from Natural couses 4. Undetermined manner Accident Surcide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE/SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL I SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles F. O'Donnell, H.D. Health ( NAME (Type) Address (Street, city, town, or county) 23a BUR AL, CREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State) 50 REMOVAL (Spok fy) Jardens of Jaith Cemetery Paltimore d. 10-19-1966 Co. 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Melanter VR A15ME (3

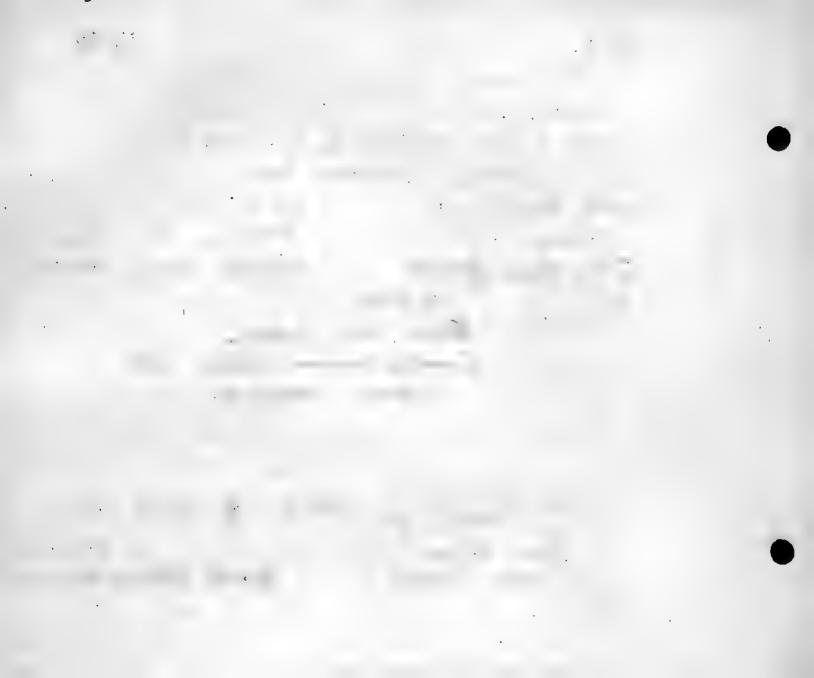




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH aw requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and camptetely filled in by the funeral · COUNTY Baltimore b. COUNTY Baltimore MARYLAND c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, ( CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and wive nearest town van papers. Pag within 72 hours rerru nac d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Baker Lane Baker YES NO A 3. NAME OF DATE First Middle Last Month Dov Year DECEASED 10 ohn Benson 66 corae 19 (Type or print) DEATH DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED  $\mathbf{x}$ **NEVER MARRIED** lest birthday) Months Dovs Illa. WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? A. INDUSTRY Hungary 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown 1eorge Benson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Baker Lane 218-09 Benson 4137 INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the Inst. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Use NO YES | ģ 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20e PLACE OF INJURY (Home, form, (County) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While of work , 1966, that (I) (we) last 2). I certify that (I) (this haspital) attended the deceased fram\_ ·7ec-. 196 6 to (9 c) 1966, and that death accurred at 873579M, from causes and an the date stated above. saw the deceased alive an Oct 6 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS 22d, ADDRESS 22c. PHYSICIAN'S Belair Kerr M.D. NAME (Type) director, shauld b 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) fred. 23b. DATE THEREOF 23o. BUR AL CREMATION, REMOVAL (Specify) Hureu Prospect ( emeteru 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Ruck Inc. 5305 Hartord 1966 DATE



, 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# W #		13674 CERTIFICATE OF DEATH 13676
rificate be executed within 24 hours after deathing physician and completely filled in by the teneral men papers. Page I and mercal, and in any event, within 72 hours after deathing the page of the	1.	PLACE OF DEATH  o. COUNTY  Baltrums  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, 15 institution: Residence before admission)  a. STATE  MARYLAND
urs aftu n by th Page∎ nurs aft	2	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  1704 Rallarian e (Townson)
24 hou 22 hou filled it appers.		d. NAME OF HOSPITAL OR INSTITUTION (IT not in hospital, give street address) d. STREET ADDRESS    e. IS RESIDENCE ON A FARM?
thin tely on p	3.	NAME OF First Middle Last   4. DATE Month Day Year
d with	_	DECEASED (Type or print) trame Florence Bonney DEATH OCTOBER 29, 1966
law requires that the death certificate be executed within ittending physician. The attending physician and completely as the burial-transit permit. Then please remove carbon prior to burial, cremation, or request, and in any event, with	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours Min.
exe n and rem in an	10	USUAL OCCUPATION (Give kind of work done   10b. Kind of Business or   11. Birthplace (County & State, or foreign country)   12. CITIZEN OF WHAT   12. COUNTRY?
be ease	dur	Ing most of working life, even if retired) INDUSTRY HOSTE Whoma VA COUNTRY?
D by	13,	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
requires that the death certificating physician. been signed by the attending the burial-transit permit. The brial, cremation, or required.		John James george Elijabeth Raines george
ath outten	(Ÿ	WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (If yes give war or dates of service)  220-34-70/0 FAMILY RECORDS
dez the	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN
t the by by ansid		PART 1. DEATH WAS CAUSED BY: CARDIO - RESA. Failure,
tha sicia gned ial-tr		TOTI DUE TO PER STATE OF THE ST
rires g phy in si bur		gave rise to immediate (b) Congretine Cardiace Failure with
red nding bee or to		cause (a), stating the DUE TO underlying cause last.
law atter has e as h pri	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM IN ALD DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The cate cate ealth	ICAT	YES NO
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ம்சம்∠ங	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   While at work   at work   at work   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, farm, factory, street, officebidg., etc.)
ATTENDIN retained b CTOR: Aft should b vith the St		21. I certify that AF (this hospital) attended the deceased from Oct 11, 1966, to Oct 29, 1966, that AH (we) last
etali CTO Sho ith t		saw the deceased alive on Oct 2 9 1966, and that death occurred at PM, from the causes and on the date stated above.
OR John See 3 See		Herris U. a. M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
may may IAL page fill		22c. PHYSICIAN'S NAME (Type) () — CO CALL OF THE PROPERTY OF T
HOSPITAL age 4 may FUNERAL rector, pa	<u> </u>	DENIE CITATO Treatis paramete relating into
Page Page dire shot	238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  BANTIMORE CEMETERY BALTIMORE MARYLAND
	24	DUATION THOU THE TOTAL CONTRACT TO THE TOTAL TOT
VR AI5 (4)	1	Alm Jum Sons Low Jon DATE NOV 3 1966 golianles Judge
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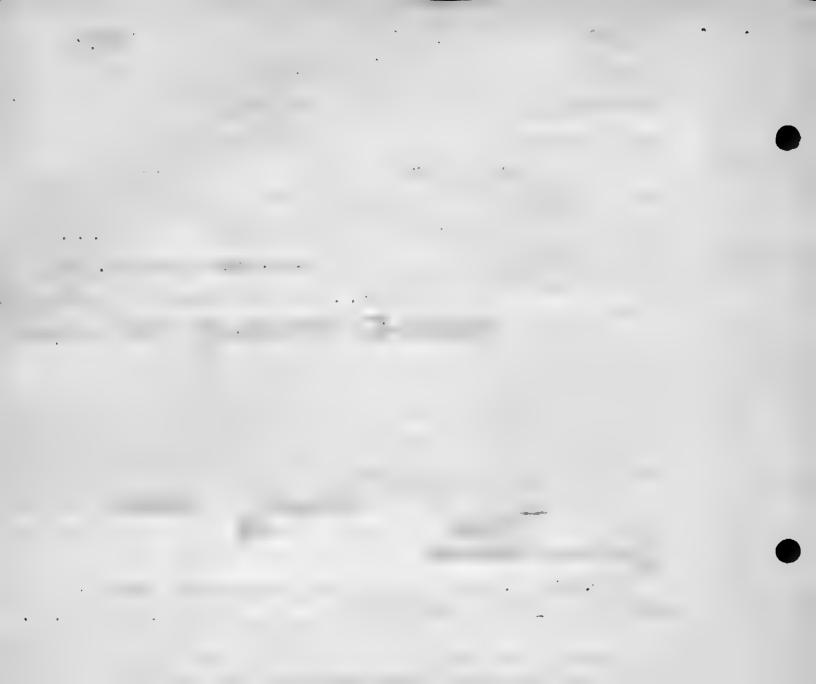


	_	Division of STATIST		RCH AND RECOR	RDS, 30			TIMORE, MARY	LAND 21201	
, _	1367	,		CERTIF	ICATE	OF DEATH			1367	7
	PLACE OF DEATH o. COUNTY	Baltimore		MARY	(LAND	2. USUAL RESIDENCE o. STATE Max	(Where dete	b. cou		efore odmission)
		f outside corporate limits I g ve nearest tawn) Dward		c. LENGTH OF STAY I	N 1b	c city or town (if	outside corpo		RAL ond give ne	arest town)
		AL OR INSTITUTION (If no				d. STREET ADDRESS				B IS RESIDENCE ON A FARM?
-		as Administ					ose S		15	YES NO
3	NAME OF DECEASED (Type or pnnt)	EDWAR	D	Middle		BOOKER		H October	10	19 <b>66</b>
5	Male	6 COLOR OR RACE Negro	7 MARRIED 3 WIDOWED	DIVORCED		Oct.16, 189		9 AGE (In years 68 ost birthdoy) yrs	Months Do	ys Hours M
di	Jani to	(G.ve kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		II. BIRTHPLACE (Coun Baltimor	re, Ma		12. CITIZEN COUNTI U.S.	OF WHAT
14	FATHER'S NAME	t. 1				14. MOTHER'S MAIDEN		DI Desle		
Le		Inknown R IN U.S. ARMED FORCES?	14. 4	SOCIAL SECURITY NO.	17 (	A. NFORMANT	nnie I	M: Booke		
i	Yes, no or unknown)	(If yes give wor or dotes o	service) 21			nical Reds,	VA H			
	18. CAUSE OF DE PART I. DEAT	ATH (Enter only one coust H WAS CAUSED BY. IMMEDIATE CAUSE	गमग्र	(o), (b), ond (c).) MINAL, PNEU	MONI	A				INTERVAL BETWEEN ONSET AND DEATH HOURS
	y	DUE	DO A TOTAL	אודנות פוזכדים	(A) T A D	v Andamaam	7			DAYS
	Conditions, if any, rise to immediate	e cause (o).	\"/ <del></del>	TIPLE PULL	IOWAN	Y ABSCESSE	3	·		DWTD
	stating the under	Trying couse	(c) ENCE	PHALOMALAC	IA D	UE TO ARTE	RIOSCI	EROSIS	I	ONTHS
ATION	PART II OTHER SIG	GNIFICANT CONDITIONS CO	INTRIBUTING T	O DEATH BUT NOT REL	ATED TO	THE TERMINAL DISEASE C	ONDITION G	VEN IN PART 1(o)		19 WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury i	n Port I or P	ort II of item 18.)		
MFDICA	p.n	n. 19	While of work	JURY OCCURRED  Not While  of work	fact	CE OF INJURY (Home, fo ory, street, office bldg., et	rc.)		(County	
	21. I certif	y that (X (this has	pital) attend	led the deceased	fram_	Sept 6	19_66	ta Oct.	0 , 19 66	that (K (we)
	220. SIGNATURE	eceased alive an	UCT.	TO14.00	ana ma	r death accurred t	1.40	M, Tram causes	22b. DATE:	
ı	7.0. 5.0	teorge )	Vill	nr.	M 1	D. PHYS.	MED DIRECTOR	STAFF PHYS.		/11/66
	22c. PHYSICIAN'S NAME (Type)	GEORGI DU	DAS, M.	D.		22d. ADDRESS VAH FO	RT HO	WARD, MAR	YIAND	
2	30. BURIAL, CREMATION REMOVAL (Specify)	23b DATE THE	REOF 4-66	23c NAME OF CEMI		CREMATORY  ORE NATIONA		EOCATION (GIY OF TO BAITTMORE		inty) (State) AND
1	24. FUNERAL DIRECTO		EI	ROY O. WI	LSON	FUNERAL HC	C'D BY REGIS	STRAR 25b R	EGISTRAR'S SIGNA	
31	May "	10 War	OI	THE PRESENT	DATE	DATE	UU	1 3 196	5 00L	



M	1367	TII	CERTIFICAT			eased lived, If institution	3678
, wa	Baltin	ore	<b>,</b>	o, STAIS		b. COUNTY Bal	Administration
death.		N (if outside corporate limits	MARYLAND c LENGTH OF STAY IN 1b			rete limits, write RURAL	CLIMORE
8	Write RURAL	and give neerest town) Lstown	LENGTH OF STAT IN IB			rete timits, write KUKAL	and give nearest t
를  -			not in hospital, give street eddress)	d. STREET ADDR	Llstown	·	A .
hours after			not in hospital, give street eddress;	1			e. I\$
흔	NAME OF	ldway Drive	M:ddle	8501 F	leldway_D		YES
	DECEASED	Lawrenc		Lest	4 DATE OF	Month	Dey Y
녍	SEX			Bowen	DEATH	10-8-66	1
`}	Male	white	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		AGE (In years IF UNDI	ER 1 YEAR IF UND
		ATION (Give kind of work	WIDOWED DIVORCED	May 5, 188	•	I 7 yrs.	
		working life, avan if retired)	Textile			preign country) 12.	CITIZEN OF WHA
any	B. FATHER'S NAME		TAXCTTE		/irginia		U.S.A.
ni bue	George	Hiram Bowen		14. MOTHER'S MAIL		Cathanta	**
						Catherine	V. Gair
		EVER IN U.S. ARMED FORC (Ifyesgivewarordatesofser	vice) 6336		AFO2 TH 2	Address	
É	_no	<u> </u>	234-01-633Mr	G.J. Reed 8	SOT LIGH	dway Dr. Ra	
or re		F DEATH [Enter only one of ATH WAS CAUSED BY:	cause per line for (e), (b), end (c) le	Come		1 120	INTERVAL ONSET AN
	TORI C. DE.	IMMEDIATE CAUSE (+)	THEREBIALL	- carar	10 ma g	Liver	24
cremation,	1561	DUE TO			U		V
	Conditions, if a						
ie State Dept, of Health prior to burial, crem  MEDICAL CERTIFICATION							
1600	geve rise to imme	N. DERFOR					
	geve rise to imme (a), slating the cause lest.	underlying DUE TO					
NOI	geve rise to imme (a), stating the cause lest.	underlying DUE TO	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVEN IN P	
CATION	geve rise to imme (a), stating the cause lest.	underlying DUE TO	ONS CONTRIBUTING TO DEATH BUT N	TOT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVEN IN PA	ART 1(e) 19. WAS PER
RIFICATION	geve rise to imme (a), stating the cause lest.	underlying DUE TO	ONS CONTRIBUTING TO DEATH BUT N				PER
CERTIFICATION	peve rise to imme (e), slating the cause lest.  PART II. OTH  20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI	underlying DUE TO  (c)  HER SIGNIFICANT CONDITION  WAS UNDERLYING  NG CAUSE OF DEATH  FY MEDICAL EXAMINER)					PER
CERTIFICATION	geve rise to imme (e), stating the cause lest.  PART II. OTH  20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI)  20e. TIME OF IN	underlying DUE TO  (c)  HER SIGNIFICANT CONDITION  WAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)  LIURY Month, Dey, Year	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter neture of Inju	farm, 201. (City	of item 18.)	PER
	peve rise to imme (e), slating the cause lest.  PART II. OTH  20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI	underlying DUE TO  (c)  HER SIGNIFICANT CONDITION  WAS UNDERLYING DOWN THE PROPERTY MEDICAL EXAMINER)  LIURY Month, Dey, Year	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter neture of inju	farm, 201. (City	of item 18.)	YES T
AEDICAL CERTIFICATION	geve rise to imme (a), slating the cause lest.  PART II. OTH  20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOT!)  20e. TIME OF IN Hour e.m	was underlying Due to  (c)  HER SIGNIFICANT CONDITION  WAS UNDERLYING DEATH  FY MEDICAL EXAMINER)  LIURY Month, Dey, Year  1. 19	20b. DESCRIBE HOW INJURY OCCUR 20d. INJURY OCCURRED 20e. Pl While Not While	ACE OF INJURY (Home, ctory, street, office bldg.	farm, 201. (City	or town) ((	YES County)
CERTIFICATION	20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOT!) 20e. TIME OF IN Hour e.m	was underlying Due to  (c)  HER SIGNIFICANT CONDITION  WAS UNDERLYING DEATH  FY MEDICAL EXAMINER)  LIURY Month, Dey, Year  1. 19	20b. DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURRED 20e. Pl While Not White fe et work et work	ACE OF INJURY (Home, ctory, street, office bldg.	farm, 201. (City etc.)	of item 18.) or town) (6	County)
	20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOT!) 20e. TIME OF IN Hour e.m	was underlying   DUE TO (c)   HER SIGNIFICANT CONDITION WAS UNDERLYING   HARD CAUSE OF DEATH FY MEDICAL EXAMINER)   LIURY Month, Dey, Year In 19 That (!) (this housital eased alive on	20b. DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURRED 20e. Pl While Not White fe et work et work	ACE OF INJURY (Home, ctory, street, office bldg.	farm. 201. (City etc.)	or town) (0	County)
	geve rise to imme (a), slating the cause lest.  PART II. OTH  20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOT!)  20e. TIME OF IN Hour e.m p.m  21. I certify saw the dece	underlying DUE TO  (c)  HER SIGNIFICANT CONDITION  WAS UNDERLYING DOWN  NG CAUSE OF DEATH  FY MEDICAL EXAMINER  LIURY Month, Dey, Year  That (1) (this housital  Based alive on.	20b. DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURRED 20e. PI While Not White fe et work et work	ACE OF INJURY (Home, ctory, street, office bldg.	farm, 201. (City etc.)	of item 18.) or town) (6	County)
	20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOT!) 21.   certify saw the dece	was underlying   DUE TO (c)   HER SIGNIFICANT CONDITH WAS UNDERLYING   HORSE OF DEATH FY MEDICAL EXAMINER)   LIURY Month, Dey, Year In 19 That (!) (this horse of Death of Dea	20b. DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURRED 20e. PI While Not White fe et work et work  1) attended the deceased from  1) attended the deceased from  2 fee	ACE OF INJURY (Home, ctory, street, office bldg.	farm, 20f. (City, etc.)	or town) (()  10/8/66  the causes and on	County)  19, that (I)
CERTIFICATION	geve rise to imme (a), slating the cause lest.  PART II. OTH  20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOT!)  20e. TIME OF IN Hour e.m p.m  21. I certify saw the dece	was underlying   DUE TO (c)   HER SIGNIFICANT CONDITH WAS UNDERLYING   HORSE OF DEATH FY MEDICAL EXAMINER)   LIURY Month, Dey, Year In 19 That (!) (this horse of Death of Dea	20b. DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURRED 20e. PI While Not White fe et work et work  1) attended the deceased from  1) attended the deceased from  2 fee	ACE OF INJURY (Home, ctory, street, office bidg.  Local death occurred at ATTENDING PHYS.  22d. ADDRESS	farm, 201. (City, etc.)  19 , to  MED. DIRECTOR	or town) (()  10/8/66  the causes and on	County)  19, that (I)  1 the date state
MEDICAL CERTIFICATION	20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI)  20. TIME OF IN Hour e.m p.m  21. I certify saw the dece 22. SIGNATUR  22. PHYSICIAN NAME (Tw	was underlying   DUE TO (c)   HER SIGNIFICANT CONDITH WAS UNDERLYING   HORSE OF DEATH FY MEDICAL EXAMINER)   LIURY Month, Dey, Year In 19 That (!) (this horsital assed alive on	20b. DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURRED 20e. PI While Not While fe et work 1  3 attended the deceased from 19, and that  Gluck  OF 23c. NAME OF CEMETERY	ACE OF INJURY (Home, ctory, street, office bidg.  Let death occurred at ATTENDING PHYS.  22d. ADDRESS 5356 Record CREMATORY	farm, 201. (City, etc.)  AMED. DIRECTOR  23d, LOCA	or town) (()  the causes and on	County)  19, that (I)  1 the date state  2  0 15, Md

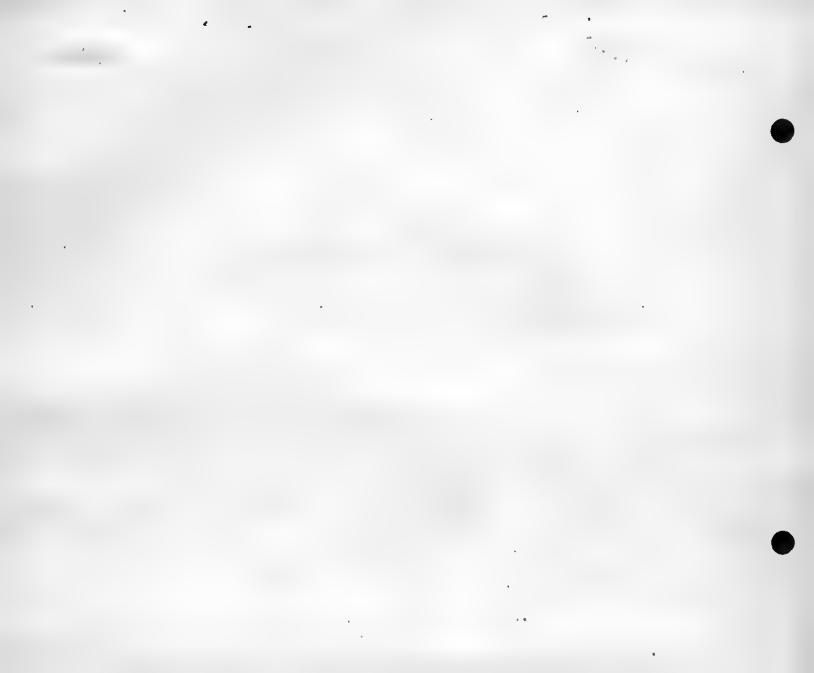
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET BALTIMORE 1, MA	DVIAND
13577 CERTIFICATE OF DEATH 136	379
1. PLACE OF DEATH a. COUNTY  BALTIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residual a. STATE MARYLAND b. COUNTY	dence before admission)
TOWSON ZMONTHS. T	d give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  GREATER BALTIMORE MEDICAL CENTER 1419 GLENDALE AVE.	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) SAMUEL SHANK BOWER OF OCTOBER	Day Year 28 1966
MALE WHITE WIDOWED DIVORCED 3-31-1900 66 yrs. Months Da	EAR IF UNDER 24 HRS. Hours   Min.
MECHANICAL ENGINEER (RETD) WAS IN THE AUTONOBLE PENNA	ZEN OF WHAT U.S.A.
SAMUEL BOWER INDIA MAY RAMA	80.
UNKNOWN. (If yes give war or dates of service) 220-09-9752 ROBERT BOWER, LUTI	PICKETT RA.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If eny, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While Not While at work of work	
saw the deceased alive on 10 - 28 - 1966, and that death occurred at 8:15 AM, from the causes and on the 22a. SIGNATURE 22b. DATE	date stated above. E SIGNED  28 · 1966  D · CENTER.  y) (State)
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH  1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decrared limits, with the initiation: Red a. STATE MARYLAND b. COUNTY  BALTIMORE  D. CITY OR TOWN (if outside corporate limits, with a number of the county) by the street address)  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  G. NAME OF PORTITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF PORTITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF PORTITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF PORTITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF PORTITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF PORTITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF PORTITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF PORTITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF PORTITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF PORTITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF PORTITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF PORTITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF PORTITAL OR INSTITUTION (if not in hospital, give street address)  J. J. J. OATE (IN J. OATE ADDRESS)  J. J



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13678 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death completely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: a. COUNTY b. COUNTY BALTIMORE MARYLAND C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 358 DAYS LEONARDTOWN d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL ROUTE 1 NO X NAME OF Middle First Last 4 DATE Manth Day Year DECEASED **JAMES** ENOCH BOWLES OCTOBER 10 66 DEATH 19 (Type or print) IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH 9 AGE (In years IF JNDER 24 HRS NEVER MARRIED birthday) Hours THECEMBER 17,1900 WHITE WIDOWED DIVORCED MALE IGa LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) U.S.A. during most of working life, even if retired) REDGATE, MARYLAND FARMER 13 FATHER 5 NAME 14. MOTHER S MAIDEN NAME cremotion, or removol, MARY ALICE GRAVES DANTEL BOWLES 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no en unknown) Ill yes give ware dotes of service) 216 54 10 23 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c),) signed by the burial-transit p ROUSELAND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY EDEMA IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO LAENNEC'S CIRRHOSIS WITH MASSIVE ASCITES UNKNOWN Conditions, if ony, which gove rise to immediate cause (a) DUE TO stoting the underlying cause for use as the Health prior to lost. WAS AUTOPSY PEREQRMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) with the State Dept. of Health YES NQ 20g ACCIDENT WAS UNDERLYING [7] 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice blda., etc.) to 10/10/00 19 that th (we) last 10/17/05 21. I certify that (IX(this haspital) attended the deceased from. and that death accurred at 8:15AM, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE MED. DIRECTOR STAFF **ATTENDING** 10/10/66 director, page 3 should be filed v MD. 22d. ADDRESS 22c PHYSICIAN'S L NAME (Type) PAULINO D. DEOCAMPO, M. VAH FORT HOWARD, MARYLAND D. 235 DATE THEREOF Oct. 13, 1966 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURIAL, CREMATION, REMOVAL (Specify) ST. JOHNS CEMETERY HOLLYWOOD, MARYLAND 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charles W. Clarke Mattingley



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death by the funeral Pages 1 and 2 requires that the death certificate be exmouted within 24 Nours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a COUNTY a. STATE MARYLAND **6 COUNTY** BALTIMORE MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 31 DAYS BALTIMORE FORT HOWARD filled in 1 papers. d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) VETERANS ADMINISTRATION HOSPITAL 4727 NICHOLES AVENUE NO X YES 🗍 3. NAME OF ease remove carban First Middle Last 4. DATE Month Year DECEASED OF OCTOBER JOSEPH T. BOYD 66 (Type or print) DEATH IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years birthday) Days 11/27/97 MALE WHITTE WIDOWED DIVORCED IDa USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Gardener 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT LADUSTRY, BALTIMORE, MARYLAND Gardens 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BRIGGTTE NORRIS DANIEL BOYD 17 INFORMANT burial, crematian, or rel WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or nates at service) 218 28 28 50 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

PART 1. DEATH WAS CAUSED BY:

BRONCHOPNEUMONIA INTERVAL BETWEEN signed by the burial-transit PONSTERNOTOEATH IMMEDIATE CAUSE (a) ADENOCARCINOMA RIGHT KIDNEY WITH METASTASIS DUE TO UNKNOWN Conditions, if ony, which gave TO LYMPH NODES, LUNG AND LIVER rise to immediate couse (o). DUE TO far use as the li Health prior to b stoting the underlying couse Page 4 may be retained by the haspital ar attending has been last. 19. WAS AUTOPS' PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIF CATION YES [X] NO TO FUNERAL DIRECTOR: After this certificate 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg .etc.) Not While at wark 21. 1 certify that \$\preced{\precedent}\$ (this haspital) attended the deceased from \$9/6/66 . 19\_\_\_\_, that 34) (we) lost director, page 3 shauld shauld be filed with the History causes and on the date stated above and that death occurred at saw the deceased alive on 22b. DATE SIGNED 10/7/66 22a. SIGNATURE STAFF PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS NAME (Type) ABDUL S. QURESHI, M. D. VAH FORT HOWARD, MARYLAND 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) (State) REMOVAL (Specify) BALTIMORE, MARYLAND 10/11/66 BALTIMORE NATIONAL BURLAL FUNERAL HOME 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Ullrich Funeral Home

3-17-19

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13620 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution Reside and completely filled in by the funeral remove carbon papers. Pages it and in any event, within 72 hours. The death PLACE OF DEATH Baltimore h. COUNTY a. COUNTY a STATE Maryland MARYLAND b CITY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore 21229 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d. STREET ADDRESS St. Joseph Hospital NO K 4703 Briarclift Road NAME OF 4 DATE Month DECEASED Bozarth October 19 66 Kenneth R. (Type or print) DEATH 8. DATE OF BIRTH 9 AGE (In years F LINDER 24 HRS 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Doys Hours Male White 10-30-07 WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 100 USJAL OCCUPATION (G ve kind at work dane 10b KIND OF BUSINESS OR during most of working rife, even if retired) INDUSTRY COUNTRY? New Jersey Board of Education Teacher

13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Rayarra signed by the attending phy burial-transit permit. Thed Lillian Limit IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes na, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. ....- 17-7300 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART !. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive intraventricular hemorrhage right Page 4 may be retained by the hospital or attending physician.

OFIRETEL DIRECTOR After this certificate has been signed by -3:69H:-80 Canditians, if ony, which gave Hemorrhagic confluent bronchial pneumonia rise ta immediate cause (a), 所长約 stating the underlying couse 3 should be detached for use as the with the State Dept. of Health prior to (d) Hypertensive arteriosclerotic cardiovascular disease PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? YES XX NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year Haur o.m. factory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that (A (this haspitol) attended the deceased fram Oct. 5 th, 1960, ato Oct. 9 th, 1960, that (K (we) last sow the deceased alive an Oct. 9 th 1966, and that death occurred at 4:55 M, from causes and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE ATTENDING Oct. 9,1966 director, page 3 should be filed v 22d. ADDRESS 22c PHYSICIAN'S Govinda Rao. M.D. 7620 York Road, Towson, Md. 21204 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY Woodlawn Cem. 23d LOCATION (City or Town) 23b DATE THEREOF 10-11-66 (County) 23g BURIAL, CREMATION, (Stote) Baltimore, Md. REMOVAL (Specify) 24 FUNE AP DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 20 M 1/66 F.D.-4101 Edmondson

MARYLAND STATE DEPARTMENT OF HEALTH



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L 1		TATE DEPARTMENT OF HEALTH DRDS, 301 W. PRESTON STREET, BALTIMORE, MAR	YLAND 21201
(M	13682 CERTI	FICATE OF DEATH	13684
requires that the death certificate be executed within 24 hours after death g physician.  signed by the ottending physician and completely filled in by the funeral e burial-transit permit. The conserve corban papers. Pages I and a burial-transit permit. The conserve corban papers.		RYLAND	DUNTY
by the Pages	b CITY OR TOWN (if autside carparate limits, c LENGTH OF STAY write RURA. and give nearest tawn)  Towson	Baltimore	30.4
led in led in appers.	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  St. Joseph Hospital	3103 E. Northern Par	e is residence on a farm? yes \[ \] no \[ \forall \]
e executed within 24 hours after and completely filled in by the fur remove corbon papers. Pages 1 n ony event, within 72 hours after	3. NAME OF PECEASED (Type or print) Clisabeth A. The Brickner		onth Day Year et. 2, 1966 19
xecuted I compl move cony	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED NEVER MARRIED DIVORCE DIVORCE	Lio 10 08   Jost birthday!	Manths Days Hours Min.
ite be ex kan and and in an	10a USUAL OCCLPAT ON (Give kind of work dane during mast of working life, even if tetired) 10b. KIND OF 8USINESS OR INDUSTRY	11 SIRTHPLACE (County & State, or foreign country)  Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA
certifico	13 FATHER'S NAME  Colored Roycroft	14. MOTHER'S MAIDEN NAME Mary Blum	
he deoth ce offending permit. Its	(Yes, no, or unknown) (If yes give wor or dates of service)	John G. Brickner, Sr.	dress Same
that the death coin.		, left hemisphere	INTERVAL BETWEEN ONSET AND DEATH
equires that the physician. signed by the burial-transit p burial, cremotic	Conditions, if ony, which gove (b)		
	stating the underlying cause (c)		
ICTAN: The low rapid or attending trifficate has been of for use os the of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R		19 WAS AJTÖPSY PERFORMED? YES NO
YSICIAN: ospital or certificate the for ur	OR CONTRIBUTING CITICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)	
DING PHYSIC by the hospii (fer this certi be defoched Stote Dept. of	p.m. 17   atwark 🗀 atwark 🗀	20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	
TENDIN ined by OR: Affer ould be outhe Stote	21. I certify that (1) (this haspital) attended the deceased saw the deceased alive an Oct. 2, 19 66,	d fram <u>Sept. 21.</u> , 19 <u>66</u> , ta <u>Oct.</u> , and that death accurred at <u>9:30 M</u> , fram cause	
OR ATTENIOR DIRECTOR: 4	220. SIGNATURE ( ) Coye	M.D. PHYS DIRECTOR STAFF	22b DATE SIGNED Oct. 2, 1966
SPITAL 4 moy IERAL I or, pog of be fil	22c. PHYSICIAN'S Efraim L. Reyes, M.D.	7620 York Road, 21204	
TO HO Page TO FUN direct shoul		metery or crematory 23d. LOCATION (City of edeemer (emetery Baltimer) 25d. REC'D BY REGISTRAR 25b.	one Mid-
VR A15 (4) 20 M 1/66	Leonard J. Ruck Inc Baltimore	e, Md. DATE OCT 4 1966	REGISTRAR'S SIGNATURE A Cleanley Jud



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATES MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission), a. COUNTY b. COUNTYANNE ARUNDEL W. STATE MARYTAND BATHIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 15 DAYS FORT HOWARD SEVERNA PARK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours BOX 124 VETERANS ADMINISTRATION HOSPIPAL ROUTE. ND T YES NAME OF First Middle DATE Last Month Day Year the DECEASED RUSSELL G. BUNN OCTOBER 66 (Type or print) DEATH 19 2 with within 5. SEX 6. COLOR OR RACE | 7. MARRIED XXNEVER MARRIED DATE OF BIRTH 9. AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) | Months Days Hours MALE WHILE WIDOWED DIVORCED | 69 event 108. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Green Control during most of working life, even if retired) INDUSTRY **COUNTRY?** Item 18. Ch College AKRON, OHIO U.S.A. Professor pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIZABETH GIBSON DAVID BUNN File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) permit. uted within in pencil in Examiner's CLIN. RECORDS. VA HOSPITAL, FI HOWARD, MD. WW 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). burial-transit Multiple Sclerosis DUE TO Conditions, if eny, which (b) gove rise to immediate word "p DUF TO ceuse (a), stating the ca used as a to burial, underlying cause lest, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION WAS AUTOPSY PERFORMED? YES W NO | 3 should be agent, prior 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 1) of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, Office bldg., etc.) Hour e.m. While - Not While at work at work the cert should 21. I certify that I took charge of the remains described above, held an Autopsy Inspection / Inquiry and in my opinion es. DIRECTOR: death resulted from Natural causes X. Accident-Suicide Homicide Undetermined manner YOUT CHIEF MEDICAL EXAMINER execute . Page 4 ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE for 6 10/26/66 FUNERAL I DEPUTY MEDICAL EXAMINER Rudiger Breitenecker, M.D. **EXAMINER'S** please e director. retained NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) 0 LOUDEN PARK CEMETERY BATHIMORE, MARYLAND BURTAL 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS McCully Funeral Home VR ALSME (5) 1/65 Fort Avenue Baltimore,



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13684 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPI PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission · COUNTY Baltimore delay it and 3 to Page D. STATE **b** COUNTY defath 70 MARYLAND Maryland C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 2, and PM3 P Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? 18. Give Pages 1, along with farm haurs Belvedere Ave St. Joseph's Hospital NO S ate haurs after death 3 NAME OF Middle DATE Doy Year DECEASED S. OF DEATH with the BURNET 19 66 (Type or print) S SFX 9 AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH F UNDER I YEAR ost perthdoy) Months Doys June 12, 1891. Hours Waite WIDOWED DIVORCED Office ~ event and 11 BIRTHPACE (State or foreign country)

Maryland 12 CTIZEN OF WHASA 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life even if ret red) INDUSTRY COUNTRY? d "pending" in pencl in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER 5 MAIDEN NAME This certificate should be executed within Albert Johnson Elizabeth Stein gu 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, nothernknown) (1 yes give wor or dates of service) ar removal. 227-03-0242D Miss Naomi Burnett (Same) INTERVAL BETWEEN ONSEL/AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ling for (g), (b) and (c),) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the ward used as a burial-tr burial, crematian, DHE TO Conditions, if ony, which gove rise to immediate couse (a). DJE TO stoting the underlying couse PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS PERFORMED? NO the certificate, pe p should be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Port 11 of item 18.) agent, prior PRIMARY I or CONTRIBUTING I **CAUSE OF DEATH** WEDICAL 20e PLACE OF NJURY (Home, form, 20c. T.ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20f (Cty or town) (County) factory, street, affice bldg , etc.) Hour o.m Nat While may be retained far yaur FUNERAL DIRECTOR: Page please execute ot work of work designated Inspection-2) I certify that I taak charge of the remains described above, held an Autopsy and in my opinion 草 death resulted from? Natural causes Accident Suicide Undetermined manner the funeral directar. Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DAZE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER EXAMINER'S Charles F. O'Donnell Health Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BUR AL, CREMATION, 23b DATE THEREOF 50 REMOVAL (Specify Baltimore Md. 11/1/66. Loudon Park Cemetery 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Ocharles VR A15ME (5) Leonard J. Ruck Inc. Balto. Md. 21214



17	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		13585 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13687	
HEALTH DEPT.	1	PLACE OF DEATH  o. COUNTY  BALTINORE  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived   Institution: Residence before odm ssion)  o. STATE  MARYLAND  MARYLAND	
y delay and 3 PM3. Pa artmmm		b (ITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) write RURA, and give nearest town)  BALTINORE	
after death 1f cry de 8. Give Pages 1, 2, and along with form PM3. with the State Departmi		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  St. Soseph's Hospital 2257 TAROMA St. YES NO	
after death 18. Give Pages along with far with the State within 72 hau		NAME OF DECEASED (Type or pont) Charles CLinton Carter Death Oat. 22 1966	
		SEX  6 COLOR OR RACE  7 MARR ED  NEVER MARRIED  B DATE OF B RTH  9 AGE (In years ost britiday)  White W DOWED  DIVORCED  DIVOR	in IRS
	du	O USUAL OCCUPATION (Give kind of work done ring may be working life, even if retired)  10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)  11c CITIZEN OF WHAT COUNTRY?  11c ATHER'S NAME  11d MOTHER'S MAIDEN NAME	
d within 24 in perical in Examiner's Flexpeges	L	CLinton CARTER BESSIE BLOOMFIELD WAS DECEASED EVER IN S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address	_
be executed "pending" in hief Medical E ansit permit		es, no or unknown) (fyes give wor or dotes of service) 212-07-5488 Anna Carter 2257 TACOMAS  18 CAUSE OF DEATH (Enter only one couse per lipe for (a), (b) ond (c))	7.
icate should ing the ward ded to the Ch as a burial-tro s, crematian,		PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to ammediate cause (b), stoting the underlying cause lost.  (c)	
This certificate, writing the farwar is be used or to buria	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0)  19 WAS AUTOPSY PERFORMED?  YES NO	
INER: The e certificate shauld be files. 3 should be int, prior t	8	200 EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	
	MED CAL	20c TIME OF INJURY Month, Doy, Year  Hour o'm.  pm 19 Of While of work	t)
- 3 6 E		21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry , ond in my opin death resured traph. Natura causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MED CAL EXAMINER .	) On
o DEPUTY MEDICA necessary, please ex the funeral director. 5 may be retained in D FUNERAL DIRECTO Health or its design		SIGNATURE  SIGNATURE  M.D. ASSISTANT MED CAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)	-
To DI To FU Heat	230	BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) & (County) (Stote)  BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY  BURIA, CREMATION, 23d LOCAT ON (City or Town) & (County) (Stote)	
VR A15ME (5)	2	Flancin & Miller 2101 Freduct Come DATE OCT 25 1966 Charles Judge	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13686MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATES HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived if institution, Residence before admission) n COUNTY b. COUNTY -Baltimore Maryland Baltimore death MARYLAND delay Department C LENGTH OF STAY IN 15 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CTY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) after ( Perry Hall Baltimore A STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in naspital, give street address) haurs 6701 Loch Raven Blvd. Belair Rd. 8902 YES NO! 24 haurs after death 3. NAME OF M.ddle DATE Month Last DECEASED he 10-8 I MARGARET 19 66 CARTER within (Type or print) DEATH with S. SEX 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RALE DATE OF BIRTH 7 MARR FD NEVER MARRIED Months lost birthdov) Dovs Hours 11-25-1942 W WIDOWED DIVORCED event 04 10g USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 1) BtRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 2 J. S. A. during most of working life, even if retired) Clerk INDUSTRY Tringle Cycle Baltimore, Laryland pencil 13. FATHER'S NAME be executed within Charles M. Bruff Jr. Lina L. Brown gug 16 SOCIAL SECURITY NO IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes no or unknown) If tives a ve war or dates of service) or remayal, pending Mr Charles Bruff r. 8864 Delair Road 36 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Asphyxia due to carbon monoxide IMMEDIATE CAUSE (o). This certificate should wr fing the ward V cremation, DHE TO Canditions, if any, which gave rise to immediate couse (a). DHE TO stoting the underlying couse 8 burral, c PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS CERTIFICATION PERFORMED? NO T the certificate, YFS pe. agent, priar ta 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter poture of mury in Port I or Port II of item 18.) 3 should CAUSE OF DEATH Asphyxiated while sitting in car 20c. TIME OF NJJRY Month, Dov. Year 20d INJRY OCCURRED 20e PLACE OF INJURY (Home form. (City or fown) (County) (Stote) factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page While of work of work Parking lot 10-8 Baltimore Md. designated 21. I certify that I tank charge of the remains described above, neld an Autopsy Inspection III. Inquiry [ ģ and in my opin an the funeral director. death\_resulted\_fram: Accident X Hamreide -Natural causes Suicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10-8-66 Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. Address (Street, city, tawn, or county) NAME (Type) 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION. (County) (Stote) 100 REMOVAL(Specify) ıld. bal timor e 10-11-1966 Parkwood Cemetery 2So. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Charley

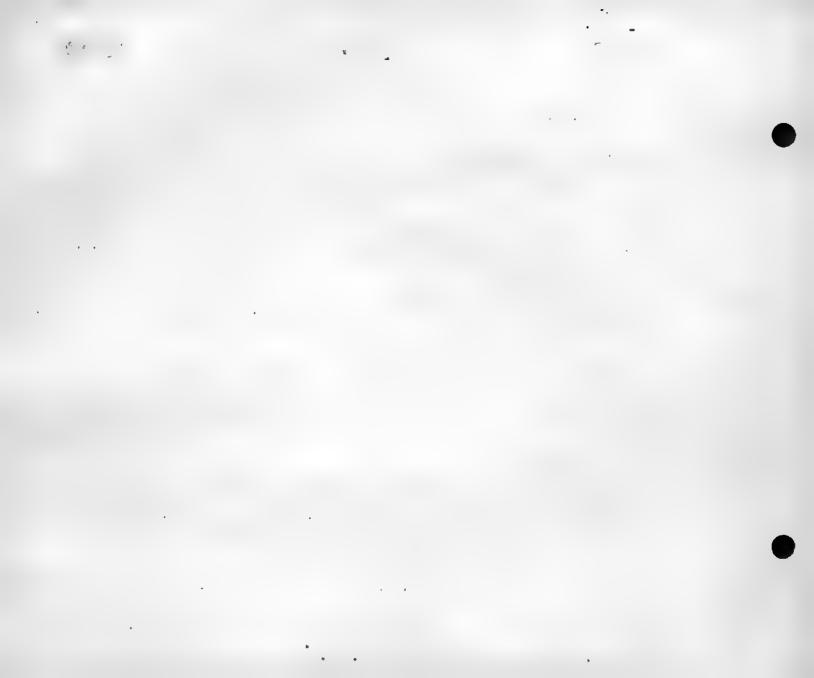
6M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13687 requires that the death certificate be executed within 24 hours after death. eath and campletely filled in by the funeral remove carban papers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Maryland Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH DE STAY IN 15 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours 34 days Baltimore Fort Howard d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B IS RESIDENCE ON A FARM? event, within 72 Veterans Administration Mospital 5008 Grindon Ave. YES NO A 3. NAME OF Middle 4. DATE First Lost Month Year DECEASED 2 66 HAMILIPON ROY CARTER October 19 (Type or print) DEATH IF UNDER 1 YEAR 9 AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED **NEVER MARRIED** 58st birthdoy) Mon\*hs Hours Doys May 19, 1908 and in any WIDOWED DIVORCED White Male 100 USUA. OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT please during most of working life, even fretired)
Salesman Home Improvement U.S.A. the attending physician sit permit. Then please Robert Lee. Texas 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Dovie Ann Eylie Henry T. Carter 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) 136 01 63 86 Clinical Reds. VA Hospital, Ft Howard, Md. crematian, IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY-BRONCHOPNEUMONIA IMMEDIATE CALISE for Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-tran RUKERO burial, PULMONARY EDEMA RECENT Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse CARCINOMA OF ESOPHAGUS d far use as the af Health prior ta UNKNOWN lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING [ 205, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 shauld be detached shauld be filed with the State Dept. 20e PLACE OF INJURY (Home, form (City or town) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) Not While foctory, street, office bldg., etc.) at work at work 21. I certify that (\$\mathbb{T}\$ (this hospital) attended the deceased from\_sow the deceased alive an 10/2/66 19\_\_\_\_, and that Aug. 29 1966 to Oct. 2 19 66, that (we) lost and that death occurred at 12:15%, from causes and on the date stated above. 22a\_SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. 10/3/66 DIRECTOR M.D. PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND MILTON GINSBERG D. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION. (County) (Stote) REMOVAL (Specify)
Burial Baltimore National Cemetery Baltimore. Maryland 256 REGISTRARS SIGNALURE FUNERAL-DIRFETOR 8521 Loch Raven Blvd. VR A15 (4) 20 M 1/66 1966 DATE JOHNSON FUNERAL HOME Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



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	PLACE OF DEATH			1 2	. USUAL RESIDEN	ICE (Where de			idence before	edmissio
	or of all the same		MARY	LAND	a. STATE	1 4 4	b. cour	YTY		
	b. CITY OR TOWN (if outside corporate	limits,	c. LENGTH OF STA		c. CITY OR TOWN	(If outside corp	orate limits, writ	e RURAL and g	ive neerest tow	∀n)
G.	write RURAL end give nearest town	)	Byrs.5 n	nontils	Balti ra					
-	d. NAME OF HOSPITAL OR INSTITUTI	ON (if not in he	1 - 0		d. STREET ADDRESS		u.m.		a. IS R	ESIDENC
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	DECEASED			71 7	Last	4. DATE OF	Mont		Dey Yee	7
	(			Ú,	na :r	DEATH			19	
J.		ACE 7. MARRI	IED NEVER MARRIE		DATE OF BIRTH	9.	. AGE (In years lest, birthdey)	Months Da		Min.
	omale W	WIDOW	'ED 🔄 DIVORCEI	D [ ] -	23-1001		<b>У</b> уга.	MORITIS	iys Hours	PANEL.
10e	e. USUAL OCCUPATION (Give kind of one during most of working life, even if	work 10b, I	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Cou	nty & Stete, or	foreign country)	12. CITIZ	EN OF WHAT	COUNTR
	Donestic				Maryland			USA		
13.	. FATHER'S NAME			14	. MOTHER'S MAIDEN	NAME		'		
	John Ward				Catheria	ne F				
15.	. WAS DECEASED EVER IN U.S. ARMED	FORCES?   16	SOCIAL SECURITY N	O. 17. IN			Address			
(Ye	es, no, or unkawn) (Ifyesgivewerordet	s of service)	~ ~ 1 '							
-	18. CAUSE OF DEATH (Enter only	One cause per	line for (e) (b) and (c)	11					INTERVAL BE	TW/EEN)
	PART I. DEATH WAS CAUSED I	Y <sub>a</sub>	My de les tols and to	1.	-1				ONSET AND	DEATH
	IMMEDIATE CAUS	E (a)	pregressia	un 1	specie kin			J	24 r.r	S.
	DU	10	11 10	en t	<b>{</b>					
	Conditions, if any, which	(b)	1	) CV /	7 *					
	gave rise to immediate cause (a), stating the underlying	E 70	1	_/	5.					
	ceusa last,	(c)	Consistere	2km	net trav	une_				
2	PART II. OTHER SIGNIFICANT CO	* * *	NTRIBUTING TO DEAT	H BUT NOT F	RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	VEN IN PART 1		
CERTIFICATION			0						YES PERFO	DRMED?
7	20a. ACCIDENT WAS UNDERLYING	□ 1 20b DI	ESCRIBE HOW INJURY	OCCUPPED	Enter nature of allows	a Book Lon Pook	II of store IR \		163	10 12
EK.	OR CONTRIBUTING CAUSE OF DE.	TH ZOO, DE	COURSE HOW BAJORY	OCCURRED.	Annius to santed sense	n) ted   Ot Led	ו. פי מופוז נס.)			
			BUILDY O COURTS	00 01407	or himbig as	1 001 100		10		15
	20c. TIME OF INJURY Month, Day Hour a.m.	Whil	INJURY OCCURRED		OF INJURY (Home, fer , street, office bldg., etc		or fown)	(County	V1	(State)
2	p.m.	10 el wo	ork at work							
MEDICA	p.m.	12 1	NK [] W WOLK []						1 . (1)	(we) la
MEDICA	21. I certify that (I) (this he	ospital) atter	nded the deceased	d from	1	19 , to.	7- 8	, 19	, that (i) I	-
MEDICA	21. I certify that (I) (this he	ospital) atter	nded the deceased	d from nd that de	path occurred at	19 , to	the causes	, 19 and on the	, that (1) I date stated	above
WEDICA		ospital) atter	nded the deceased	d from nd that de	ath occurred at .		the causes	, 19 and on the	date stated	DATE
WEDICAL	21. I certify that (I) (this his saw the deceased alive on	ospital) atter	nded the deceased	nd that de	ath occurred at	MED.	the causes	, 19 and on the	date stated	above DATE SIGNI
WEDICA	21. I certify that (I) (this his saw the deceased alive on	ospital) atter	nded the deceased	d from nd that de	ath occurred at		the causes	, 19 and on the	date stated	DATE
WEDICA	21. I certify that (I) (this his saw the deceased alive on 22e. SIGNATURE	g. M.	inded the deceased in19	nd that de	ATTENDING PHYS.	MED.	the causes	, 19 and on the	date stated	D. DATE
	21. I certify that (I) (this his saw the deceased alive on  22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	g. M.	alimuth	nd that de	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR X	STAFF PHYS.	and on the	22t	SIGNI
	21. I certify that (I) (this his saw the deceased alive on  22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	Osspital) atter	19, a skirnerb	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR Z	STAFF PHYS.	and on the	22t	DATE
234	21. I certify that (I) (this his saw the deceased alive on  22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  a. BURIAL, CREMATION, 23b DATE  REMOVAL (Specify)  O R AL 10 - 11	g. M.	19, a sturiet	nd that de	ATTENDING PHYS. 22d. ADDRESS  CREMATORY  CREMATORY	MED. DIRECTOR TO	STAFF PHYS.  ATION (City, to	wn or county)	date stated 22t	SIGNI
234	21. I certify that (I) (this his saw the deceased alive on  22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  a. BURIAL, CREMATION, 23b DATE  REMOVAL (Specify)	Osspital) atter	19, a skirnerb	M.D.	ATTENDING PHYS. 22d. ADDRESS  CREMATORY  CREMATORY	MED. DIRECTOR TO	STAFF PHYS.	wn or county)	date stated 22t	SIGNI

IVIAND CTATE DEDADTMENT OF HEAL



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. SPEING (MENY- ST HISPINA) 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission 1 PLACE OF DEATH a COUNTY b COUNTY MARY, AND Anni Arungel b CITY OR TOWN (If outside corporate imits, C LENGTH OF STAY IN 16 c. CTY OR TOWN (floutside corparate limits, write RURAL and give negrest town) pub P.M3. WE'te RURAL and give nearest town) XXXXXXXXXXXXX Ighlehart (rural) Poul thingsend d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? hours YES NO X 3. NAME OF First Middle 4 DATE Lost DECEASED OF DEATH Mills within (Type or print) S SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED 9. AGE ( n years IF UNDER I YEAR NEVER MARRIED last bethdoy) WIDOWED DIVORCED 10o, USUA, OCCUPAT ON (Give kind of work done TOP KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working ite, even if retired) INDUSTRY COUNTRY ?\_ Harraini da pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within ≘ 1 . C T Fire pug 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 46 SOCIAL SECURITY NO. INFORMANT (Yes, no or unknown) (If yes give war or dates of service) removal, no 18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ö IMMEDIATE CAUSE (o). s o burial-tra crematian, c This certificate should DUE TO Conditions, if any which gove 1 rise to immediate couse (a), DUE TO stoting the underlying couse used os buriol, c PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES DX NÛ its designated ogent, prior to should be 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c T ME OF INJURY Month, Day, Year 20d INLURY OCCURRED 20e PLACE OF INJURY (Home, form , (County) (Stote) ((ify or fown) Not While Hour am. foctory, street, office b dg , etc.) FUNERAL DIRECTOR: Poge at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinian Inspection | Inquiry Natural causes deoth resulted fram: Accident . Suicide [ Hamicide [ moy be retoined Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER **SIGNATURE** 5 DEPUTY MEDICAL EXAMINER 5 moy 10 FUNE NAME (Type) Address (Street, city, town, or county) 230 BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 10/19/66 Cedar Bluff 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Hopping VR A15ME (5) FUNERAL HOME 6M 1766 Annanolis

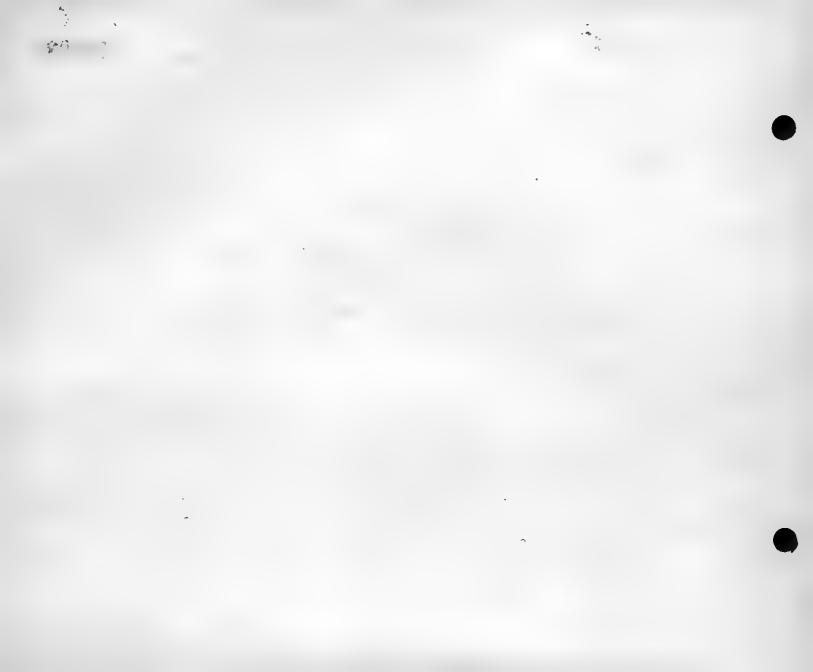


1 1	tem 18 Film 382 10-24 MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
<b>主 医性热</b>	13690 CERTIFICATE OF DEATH 13692
hours after death d in by the fundral rs. Pages 13-ad. hours after death	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
24 hours after illed in by the fapers. Pages 1372 hours after	II a. STATE D. GOUNTY
ages s af	Baltimore  MARYLAND  b. City OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ours in b	
0 0	Catonsville  d. NAME UF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE DN A FARM?
4 H H	Shangri-La Nursing Home 838 Stanford Rd. YES NO
executed within and completely remove carbon any event, with	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED
ited wi	(Type or print) Josephine Clubb DEATH Oct. 18 1966
cute d co love y ev	TO MARKIED NEVER MARKIED I ASS DISTINGAY) Months I have Moure Min
execu and remor	WIDDWED X DIVORCED   Bept. 21, 10.0 90 yrs.
be cian ase rd ii	GOUNTRY?
nysic hysic plez	Housewife Maryland USA  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
iffica g pl	
# # # # # # # # # # # # # # # # # # #	Toseph Lindenbaum  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY NO.   17. INFORMANT Address
eath certificate be exes attending physician are ermit. Then please relative to the control of t	(Yes, 100, or unkown) (If yes give war or dates of service)  Mrs. Dorothy Haskell 935 Prestwood Rd.
de de trio	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]  INTERVAL BETWEEN
The law requires that the death certificate be executed within or attending physician. ate has been signed by the attending physician and completely use as the burial-transit permit. Then please remove carbon grafth prior to burial, cremation, or cenoval, and in any event, within	PART I. DEATH WAS CAUSED BY:
law requires that attending physiciar has been signed se as the burial-tra h prior to burial, cr.	IMMEDIATE CAUSE (a) CALCAUSE (TAMES A CAUSE (A)
res i ohys sign sign uria	Conditions, if any, which ) DUE TO Global Grand Conditions, if any, which ) DUE TO Global Grand
requir ding p been the b	gave rise to immediate Cancer
law rentitendi	underlying cause last. (c)
he la att be att he la la se alth b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
	SE YES NO
PHYSICIAN: The the hospital or a this certificate detached for use Dept. of Health	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  GC CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
YSIC hos ache ept.	
	factors street office bide of a
oling P od by i After d be c	
ATTENDING retained by ECTOR: After 3 should be with the Star	21. I certify that (I) (this hospital) attended the deceased from 19 to 10 to 10 to 19 that (I) (we) last
ATT CCTC Sh with	saw the deceased give on 19 and that death occurred at M; from the causes and on the date stated above.
OR DIRE	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
FPITAL 4 may ERAL 0 cor, pag	22c. PLYSTCIAN'S 22d. ADDRESS
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	Harry S. Gimbel M. D. 4605 Edmondson Ave.
Page / Page / J FUNI directs	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State)
F F	Burial 10-21-66 Loudon Bartimore, Ma
W 115 (1) W	With The D -4101 Edmondson Ave
VR A15 (4) 15M 4-64	WITZRE F. D. TITEL Bushes floor



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13691 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY a STATE b. COUNTY Page ď, after death. MARY, AND and 3 t b. ETY OR TOWN (If outside corganate limits. c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) partmi ESSEX ESSEX a NAME OF HOSP TAL OR INSTITUTION (if not in hospita, give street address) d STREET ADDRESS 6 IS RESIDENCE ON A FARM? å tate De WESTU. CUEST HAY NO N 3 NAME OF Midd e Month Last Day Year DECEASED ø, 007 within COBB26 19 6 6 (Type or pant) ÷ DEATH with 5 SEX 6 (OLOR OR RACE 8 DATE OF BIRTH 9 AGE ( n years IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last bithday) JUNE DIVORCED ony event 10a USUA, OCCUPATION (Give's nd of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages in any ELECTRICIAN BENDIX pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME all d 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address ar remayal. (Yes, no. or unknown) I(If yes give war or dates of service) UNK LEBB ABOLE 18 CAUSE OF DEATH (Enter only one cause per STRANGOLATION INTERVA, BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Word burial, crematian, DUF TO Canditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse o nsed PART JOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOS RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? 20a. EXTERMAL CAUSE WAS PRIMARY PROPERTY OF CONTRIBUTING (Enter nature of youry in Part I or Par I of item 18) plnous CAUSE OF DEATH PLACE OF INJURY (Home, form, \_TIME\_OF INIURY Manth, Day, Year 20d NJURY OCCURRED (City or town) Not While may be retained for your FUNERAL DIRECTOR: Page at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection L Inquiry [ and in my opinion Notural couses death resulted from: Accident Suicide 1 Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CAL EXAMINER **SIGNATURE** the funeral 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) REMOVAL (Specify) DAK LAUR BALTO MID BUR 1.44 ADDRESS 25b REGISTRAD'S SIGNATURE 24 FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15ME (5) TE. CONNEUT MAC.E DATE

6M 1/66



1(1/1)	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
150 F	CERTIFICATE OF DEATH 13694
funeral and 2 death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission
the f ges 1 after	2. DSUAL RESIDENCE (Where deceased lived, it institution; Residence before admission  Maryland Baltimore  MARYLAND
physician and completely filled in by ti mplease remove carbon papers. Pages val, and in any event, within 72 hours af	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
夏	2 Por Balfinon Carrify, Say token
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	524 Castle Drive-12 524 Castle Drive
	3. NAME OF DECEASED (Type or print) JANE H. COFFIN 4. DATE Month Day Year DF DF DEATH 10/18/66 19
	5. SEX Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IF UNDER 24 HR! last birthday)   Months   Days   Hours   Min.
ı	102. USUAL OCCUPATION (Give kind of work done) 105. KIND OF BUSINESS OR during most of working life, eyen if retired) 12. CITIZEN OF WHAT COUNTRY?
1	Hausewise, Time Country?
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	Filler Hagself Referen Hogself
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown)   (If yes give war or dates of service)
	Mrs. Hugh J. Welch
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY
	PART I. DEATH WAS CAUSED BY: Correnary art desserts.
1	DUE TO SO ON TO
1	Conditions, If any, which gave rise to immediate (b)
	cause (a), stating the DUE TO
4	Underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19, WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PORTONTE BUT IN PART 1 OF PART
	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part   or Part    of Item 18.)
1	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part   or Part   of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED A County (County) (State) Hour a.m.  P.m. 19 at work at work
	21   certify that (1) (this hospital) attended the deceased from the 1967 to 000 / 0 1966 that (1) (we) last
	saw the deceased alive on Cold 17 1966, and that death occurred at 9 M, from the causes and on the date stated above
	228. SIGNATURE/
	M.D. ATTENDING MED. STAFF PHYS. 10/17/66
,	22c. PHYSICIAN'S NAME (Type)  Liveb T Hallah M D
	Rugh J. Welch, N.D. 1205 N, Calvert St. Balte.
	233. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) 10/21/66 Oaklawn Cem. Uniontown, Pa.
	Burial 10/21/00 outrain come officiality
	KERRERXIAN Ferguson Fun. Home 1100 124 1966 Minutes Judge
	Uniontewn Pa.

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	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
	13693 CERTIFICATE OF DEATH	13695			
death uneral l ond r death	o. COUNTY	NCE (Where deceosed lived, if institution, Residence before admission)  B. COUNTY  RYLAND			
ors aft Page: ours af	FORT HOWARD 36 DAYS BALTIMO				
within 24 ho lely filled in the bon papers within 72 ho	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	ON A FARM?			
		LEXINGTON STREET YES NO K			
remove corbon	3 NAME OF First Middle Lost DECEASED (Type or print) CALVIN NMN COLEMA	DERIN			
in ony event,	S SEX MALE  6 COLOR OR RACE 7 MARRIED  7 MARRIED  NEGRO  7 MARRIED  1 NEVER MARRIED  8 DATE OF BIRTH  5 25 67	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min,			
ond in c	TRUCK DRIVER'S HELPER INDUSTRY BALTI	ounty & State, or foreign country)  MORE, MARYLAND  12 CITIZEN OF WHAT COUNTRY?  USA			
		HOLLIS			
perring then p	(Yes to or unknown) (If yes give words dotes of service) 218 03 37 43 CLINICAL REC	ORDS-VAH FORT HOWARD, MD.			
ot = to	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PULMONARY EDEMA	INTERVAL BETWEEN RECENT			
burial, crem	Conditions, if ony, which gove (b)  ARTERIOSCLEROTIC HEART DISE	ASE UNK			
prior to bu	stoting the underlying couse (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ADENOCARCINOMA OF KIDNEY W/METASTASTS TO THORAC COMPRESSION OF SPINAL CORD AND PARAPLEGIA  200. ACCIDENT WAS LINDERLYING TO BE ADENOCARD. SENTENCE OF THE PROPERTY OF THE	ECONDITION GIVEN IN PART 1(o)  10 VERTABRA W  11 WAS AUTOPSY PERFORMED?  YES X NO			
	206 ACCIDENT WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH	ry in Port I or Part II at item 18.)			
	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19 Or work of work to twork to the p.m. 19 Or work to two the p.m. 19 Or work to two two two two two two two two two	J., efc.)			
ine sinie cepi.		, 19 <u>66</u> , ta <u>1021</u> , 19 <u>_66</u> , that <b>()(</b> (we) las d at <u>7:05</u> M, fram causes and an the date stated abave			
ge 3 should led with the	7	MED STAFF 22b. DATE SIGNED  10 21 66			
- e		RT HOWARD, MARYLAND			
should b	230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY BURIAL CREMATION 10-25-66 BALITIMORE NATIONAL	23d. LOCATION (City or Town) (County) (Stole)  BALTIMORE, MARYLAND			
(4) (5)	24. FUNERAL DIRECTOR ADDRESS 250.	PCT 2 5 1966 RClarky Quie			
1/66	ELROY O. WILSON ORLEANS STREET BALTO MD. DATE	UCT 25 1968 Clearly Judge			



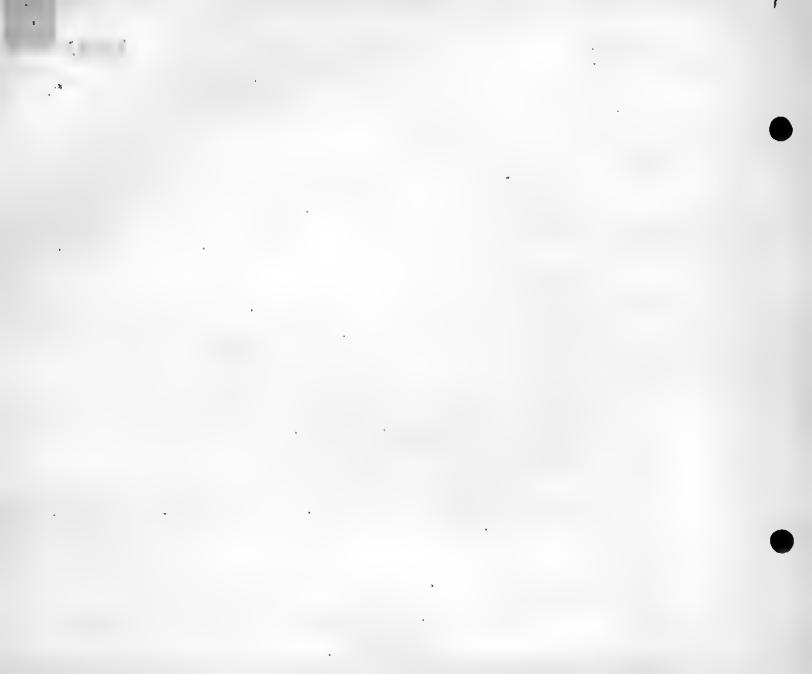
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH hours after death 2. DATE AND HOUR OF DEATH funeral I. NAME OF DECEASED Type or Print) COLLINS OCTOBER 28, 1966 RICHARD RAY 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MD. FULL NAME OF Ilf not in haspital at institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) . = INSTITUTION. 24 Baltimore County fillod #6 within 5515 HAMILTON AVENUE D. STREET ADDRESS (If rural, give lacation) HAMILTON AVENUE executed 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE On years of Under 1 Yr. Manths: Days f Under 24 Hrs. Hours Min. last birthday WIDOWED, DIVORCED (specify) MALE WHITE MARRIED FEB. 15. 1911 55
OA. USUAL OCCUPATION (GIVA kind of work 10 B. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (Stote of fore gin country) 2. CITIZEN OF requires that the death certificate to WHAT COUNTRY? done during most of working life, even if retired) HALL'S MOTOR TRANSIT CASHIER UNIONTOWN, PENNA. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME LOUISE FREEMAN COLLINS 15. Was Deceased Ever in U. S. Armed Forces? 1Yes, no or unknown? (II yes, give war ar doles of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. RUTH O'NEAL COLLINS NO 233-01-1814 SAME the 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH physician. been signed by DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart lailure, asthenia, etc. Il means the disease, be retained by the hospital or attending injury or complication which coused death.) ANTECEDENT CAUSES has DISEASES OR CONDITIONS, if any, giving DIRECTOR: After this certificate rise to the obove cause (A) stoling the ATTENDING PHYSICIAN: UNDERLYING CONDITION lost. 22. I certify that (1) (this haspital) attended the deceased from and have and from the causes stated above. (1) (We) ((did)) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 8 RICARDO LOZADA 1228 S. CHARLES STREET, BALTO., MD. TO HOST--Page 4 may TO FUNERAL T 24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (State) REMOVAL (Specify) WCODLAWN BALTIMORE, MD. BURIAL COMPANY 10/31/66. 25A. DATE REC'D BY HEALTH DEP 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS LEONARD J. RUCK, INC. 5305 HARFORD RD. 21214

1.97 " 1

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13695 CERTIFICATE OF DEATH physician and campletely filled in by the funeral en prease remave carban papers. Pages 1 and 2 oval, and in any event, within 72 hours after death grate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY **6 COUNTY** a. STATE Raltimore Maryland MARYLAND Caroline b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
FORT HOWARD c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro 61 days e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Veterans Administration Hospital YES NO K 3 NAME OF 4. DATE Lost Month Year DECEASED LAWRENCE CONNER 66 DEATH Oct. S SEX 6 COLOR OR RACE AGE (In years IF UNDER 24 HRS B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours Oct. 23. Male White WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of work ng life, even if retired)

Handy Man INDUSTRY COUNTRY? Greensboro, Md.

14 MOTHER S MAIDEN NAME ILS.A 13 FATHER'S NAME Then ar removal Richard Conner Cora Corkrane IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or unknown) (If yes give war or dates at service) requires that the death permit. 216 14 20 09 Clinical Reds. VAH Fort Howard, Maryland cremation, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN buriol-transit p 3 ONSE AND BEATH EPIDERMOID CARCINOMA OF LUNG WITH METASTASIS IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse O FUNIRAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? ed for use of Health r Chronic Bronchitis and Pulmonary Emphysema. NO X O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg, etc.) Not White of work of work 21. I certify that (this hospital) attended the deceased from Aug. 1 1966 to Oct. 1 . 19 60that A (we) last director, page 3 shauld shauld be filed with the sow the deceased olive on Oct. 1 19.66, and that death accurred at 1:00 M, from causes and on the date stated above. 22b. DATE SIGNED 10/1/66 22o. SIGNATURE uncer MED DIRECTOR STAFF PHYS. M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) VA Hospital, Fort Howard, Maryland PETER JUVAN, M.D. 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (Stote) BURIAL, CREMATION, Bull 181 (Specify) Greensboro, Maryland Greensboro Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATE OC



13696 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o STAMaryland b COUNT Baltimoreo Compaltimore MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate amits, write RURA, and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore Temore carban papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE Completely filled in ON A FARM? st. Joseph's Hospital 1535 Sherwood Ave. NO YES 3 NAME OF 4. DATE Manth Middle Day Year DECEASED (Type or print) ALVIN COONEY October 12 66 DEATH IF UNDER 1 YEAR 5. SEX 9. AGE (In years IF UNDER 24 HRS. 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED ast\_birthday) Months Male WIDOWED DIVORCED attending physician and a sermit. Then pleas temo an, ar remaval, and many 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CTIZEN OF WHAT during most of warking life, even if refired) COUNTRY? 04 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, Dorothea Mann 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na. or unknown) (If yes give war or dotes of service) (ooneu same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p metastatic adenocarcinoma of liver ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 1562 DUE TO Tumor at left pelvis Conditions, if any, which gave ) rise ta immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been shauld be detached far use as the with the State Dept, af Health priar to peritonitis, pelvis 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) HO P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20g ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. Nat While 21. I certify that (I) (this haspital) attended the deceased fram September 1.09 66, to October 1.49 60 that (I) (we) last saw the deceased alive an October 12 19 66, and that death accurred at 6P.M.M., fram causes and an the date stated above. September 1 00 00 to October 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. 10-12-66 director, page 3 should be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S € NAME (Type) 7620 York Road, Baltimore 21204 MD Juan Gan 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (County) BURIAL CREMATION. REMOVAL (Specify) Baltimore Nat' 250. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Inc Baltimore, Md.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13697 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT: PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o STATE de oy is and 3 tal M3. Page Balte. b. COUNTY W-0 Balte. death. MARYLAND Deportment b CITY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pus Randallstown D.O.A. d NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street ordress) d STREET ADDRESS e IS RES DENCE hours ON A FARM? Balte. Co. Gen. Hesp. 3705 Brownbrook Ct. Item 18. Give Pages Office olong with far NO X ote YES | 24 hours ofter death 3 NAME OF 4 DATE 72 Middie Lost Month Day Year DECEASED Emanuel Cooperstein OF Oct. 10 66 within 10 (Type or print) DEATH With 5 SEX 6 COLOR OR RACE 7 MARRIED # NEVER MARRIED DATE OF BIRTH AGE ( ri years IF UNDER YFAR F UNDER 24 HRS (pet buthdoy) Months Hours Male White WIDOWED DIVORCED event puo 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retail Grecer 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? U.S.A. Ony Grecery Russia podes 13 FATHER'S NAME This certificate should be executed within 14. MOTHER'S MAIDEN NAME Israel Cooperstein Minsa Exler (1) puo ⊆ IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Addre Randallstown, Md. rd "pending" in Chief Medicol E (Yes, no, or unknown) (If yes give wor or dates of service) permit removol 12-32-2112 Mrs. Sarah Cooperstein, 3705 Brownbrook Ct. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY buriol-trans IMMEDIATE CAUSE (a) Artériescleretic C-V Disease 0 e, writing the ward farworded to the Ch crematian, DUE TO Conditions, if ony, which gove Diabetes 25 yrs. (b) nse to immediate couse (a), DUE TO stating the underlying couse 0 0 buriol, c last nsed 19 WAS AUTOPSY PERFORMED? PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(9) FICATION Duedenal Ulcer please execute the certificate, NO X 0 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of Item 18.) agent, prior PRIMARY Or CONTRIBUTING PRIMARY should CERT EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d IN. JRY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) While Not While moy be retained for your FUNERAL DIRECTOR: Poge nonel? ot work of work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X. Inquiry 30 and in my opinion Notural couses the funeral director. deoth resulted from: Accident Suicide [ Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 70 DEPUTY MED CAL EXAMINER 3 **EXAMINER'S** D. Caples, M. D. 6 Hanover Ridges (Redstenstern). Md. ealth NAME (Type) 10-11-66 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) SOF REMOVAL (Specify) Baltimore. Maryland Chizuk Amuno (Arlington) Butial DIRECTOR REGISTRAR'S SIGNATURE 250. RECID BY REGISTRAR 2Sb. VR ATSME (5) & Bros. Inc. 6010 Reisterstown Rd DATE 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13698 CERTIFICATE OF DEATH . be executed within 24 haurs after death. completely filled in by the funeral nave carban papers. Pages 1 and nave carban papers. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY Baltimore o. STATE b. COUNTY Maryland MARY! AND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate limits, write RURA, and give nearest flown) c. LENGTH OF STAY IN 15 Baltimore. 21214 remave carban papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS 4807 Richard Avenue St. Joseph Hospital YES NO PC 3 NAME OF Middle Last DATE Month Doy Year DECEASED October Charlotte G. 19 66 Creswell (Type or print) DEATH 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 9 AGE (In years 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Haurs Female White 7-30-93 WIDOWED A DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Baltimore, Md. **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physical director, page 3 shauld be detached far use as the burial-transit permit. Then bleese shauld be filed with the State Dept. of Health priar ta burial, crematian, or remayal, and Homemaker

13. FATHER'S NAME The law requires that the death certificate Own Home 14. MOTHER'S MAIDEN NAME nknown 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, ar unknown) (If yes give war ar dates of service) Louis Schlogel same INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED 8Y: ONSET AND DEATH Severe anemia. IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Cardiac insufficiency with dilation. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse Ulcerative colitis. Myeloma ? last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES ┳ NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Nat While OR ATTENDING ot work at work O FUNERAL DIRECTOR: After 21. I certify that (I (this hospital) attended the deceased fram\_ Sept. 22 19 66 to Oct. 8 . 19 22 that (A (we) last 1966, and that death accurred a5:30AM, from causes and an the date stated above Oct. saw the deceased alive an\_ 22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS. MED. DIRECTOR ATTENDING Oct. 8,1966 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S D.R. Govinda Rao, M.D. NAME (Type) Towson, Md. 7620 York Roads 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) **SURIAL, CREMATION.** (County) (State) 23o 6 Wilal Specify) Moreland Mem. Park 10-11-66 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D 8Y REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Marley Ruck, Inc. Baltimore, Md. 1966 eonard

The same	/ M.	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STA	TE.	13699 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13701
HEALTH DE	EPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
lay is 13 to Page	5 <u>£</u>	a. COUNTY BRATIMORE MARYLAND b. COUNTY & ECIL
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xecuted nding" i Medical	000	NO 716-61-8835 ANNA M. CROUCH ELATON, MD
		18 CAUSE OF DEATH (Enter on y one cause per line for 10), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET ABIO DEATH
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= 9 L2 4 € S	ent,	20c TIME OF N.JRY Month, Day, Year 20d NJURY OCCURRED 20e PLACE OF NJURY (Home farm, Hour a m While Not While Not While 1 factory, street, office bidg, etc.)  (State)
XAN te t ge 4 your	60	p.m. If at work 🗀
AL EXA execute ar. Poge of far yo	designofed	21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion
tar.	.jg	death resulted from Natural causes Accident , Suicide , Homicide , Undetermined manner
MESTA pleose ex director, estained	des	ACTUAL SIGNATURE SIGNATURE ASSISTANT MED CA FYAMINER  ACTUAL SIGNATURE ACTUAL SIGN
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O DEPUTY MEDICAL EXAM necessory, please execute the the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page	Health or its	EXAMINER'S NAME (Type) Charles F. O'Donnell D. Address (Street, city, town, or county)
eces mo		23g BURJAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5 g = 2 5	= _	BURIAL 10-18-66 TAMPICULATE CONCEPTION CHERRY HILL CECIL MP.
	A.	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REG STRAP S SIGNATURE
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after death. Page 4 e funeral directar, hauld be filed with TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has may be revained the haspital ar attending physician.

TO FUNERAL DIR BR. After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers Pages 1 of the State Board of Health priar to burial, cremation, ar remaval, and in any extent within 72 haurs after death. TO HOSPITAL OR VR A15 (4) 15M 9/59

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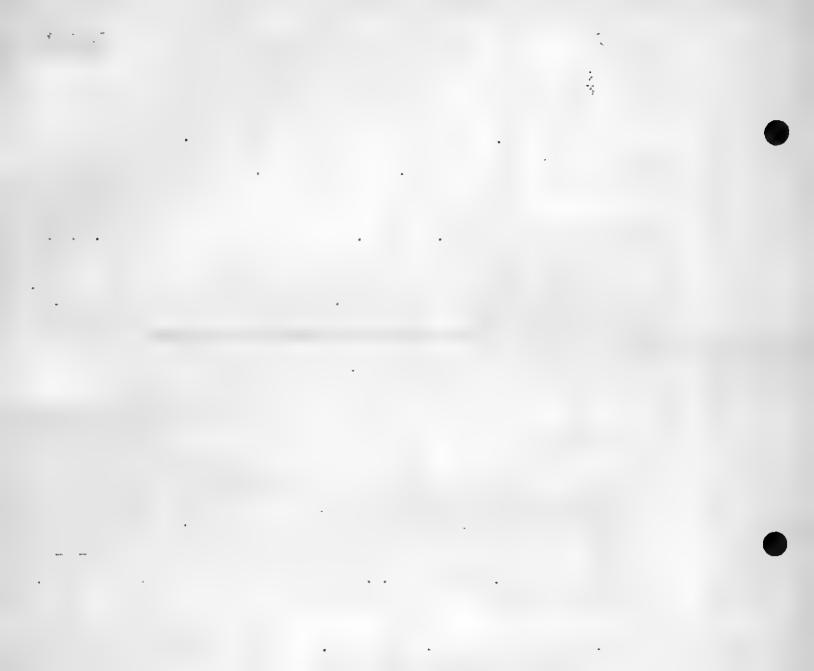
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION O MORE 1, MARYLAND

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1, PLACE OF a. COUNTY					USUAL RESIDE	ENCE (Wh	ere deceased	lived If institut	on: Resident	e before do	maion) .
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	TOWN (If outside corporate la nd_give nearest town)	mils, write	c. LENGTH OF STAY	IN 15	c. CITY OR TO	DWN (If o	viside corporo	te limits, write F	URAL ond g	ive nearest t	own)
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OK II431	7424 Ma.	nchesz	er Road		742	4 Ma	nchest	er Road	l		NOX
3. NAME OF DECEASED		First	Middle		Lost		4. DATE	Mar	ith	Day	Year
(Type or pr	int) John		Joseph		Milon		OF DEATH	Octo	ber	25	19 66
5 SEX	6. COLOR OR RAC	E 7 MARRI	ED NEVER MARRIE	D B D	ATE OF BIRTH		9	AGE (In years	IF JNDER	YEAR IF U	NDER 24 HRS
male	White	WIDOWE	DIVORCED	$\circ \Box \mid S$	ent. 14	. 192	8	lost birthdoy) 28 yrs.	Months	Doys Hou	urs Min.
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no Tre CAU	E OF DEATH (Colors and	41	0-20-0975		rie Da	Liey	1424	Manches	zen_k		L BETWEEN
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	, NOTIFY MEDICAL EXAMINER		· -								
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23a BURIAL,		EOF	23c. NAME OF CEME	TERY OR CR	EMATORY		23d. LOCATIO	ON (City, town,	or county)	(	Stale)
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	DIRECTOR'S SIGNATURE		ADDRESS	(emed		250 REC'	D BY REGISTR.	AR 25b REG	STRAR'S SIG	NATURE	
John	A. Moran Inc.	3000 E	Balto St.	4		DATE	OCT 3	1 1966	Icho	melen (	Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral and 2 CERTIFICATE OF DEATH hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Baltimore has been signed by the attending physician and completely filled in by the i as the burial-transit permit. Then please remove carbon papers. Pages 1 prior to burial, cremation, or removal, and in any event, within 72 hours after Maryland Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 6 Years Dundalk Dundalk B. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1908 Larkhall Rd. 1908 Larkhall Rd. NO X YES executed within 3. NAME OF DECEASED 4. DATE Day First Middle Month Year 19 66 Richard L. Dailey Sr. 26 October DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX DATE OF BIRTH NEVER MARRIED 10/28/05 Male White WIDOWED X 60 DIVORCED T 12, CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) pe Beth. Steel Co. COUNTRY? West Virginia U. S. A. Welder certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Dailey Cora Mae Caton 17. INFORMANTDaughter 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service)] 16. SOCIAL SECURITY NO. Dundalk, Md. The faw requires that the death 213-09-2216 Mrs. Shirley Bortmes, 1908 Larkhall Rd. No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Brain Tumor, left frontal 3mon ths PHYSICIAN: The faw requires that t the hospital or attending physician. DUE TO unknown origin Conditions, if any, which (b). gave rise to immediate DUE TO cause (a), stating the underlying cause last. this certificate has detached for use as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of item 18.) 0Ę D FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept. MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) Hour a.m. While Not While OR ATTENDING I \_ at work at work to 10-26-6619 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 7-7-66 and that death occurred at 1:30, from the causes and on the date stated above. 10-10-86 saw the deceased alive on\_ 19 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF X Oct-27-1966 PHYS. M.D. PHYS 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) M.D. Ruiz Edward Poplar Pl. Dundalk, Md. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 10/28/66 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 2 Oak Lawn Cemeterv Baltimore, Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Minten & 1966 John J. Duda 7922 Wise Ave. Dundalk, Md. DATE OC VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13708 requires that the death certificate be executed within 24 havrs after death. d and by the attending physician and completely filled in by the funeral ransit permit. Then please remave carban papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission). a. COUNTY a. STATE Baltimore Md., 21205 MARY! AND b CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 16 c. City OR TOWN (If putside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Baltimore Towson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 535 N. Highland Ave. Chesapeake Hanor Nursing Home YES NO XX 3. NAME OF 4 DATE First Month DANNUNFELSER Day Year DECEASED (Type or print) EAMAJANE 31 Oct. 66 19 IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR 7 MARRIED NEVER MARRIED Slast birthday) Months Doys Hours white 1/4/1885 female WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mast of work ng life, even if retired) INDUSTRY COUNTRY? Baltimore, Md. Housewife home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Ludwig Joseph LeBrun 21206 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes a ve war or dates of service Jane Strolle, ncice, 8213 Edwill Ave. 210-50-2053 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p burial, crematia PART I. DEATH WAS CAUSED BY ONSET AND DEATH VENTRICULAR IMMEDIATE CAUSE (a) 421.0 DUE TO Conditions, if any, which gave ARTERIORCIEROTIC HEART TISCASE YEAR rise to immediate cause (o). DUE TO stating the underlying cause use as the latter Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) WAS AUTOPSY PERFORMED? far use Health NG X 20g ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) Haur a.m. While **Not While** factory, street, affice bldg., etc.) at wark at work 21. 1 certify that (1) (this haspital), attended the deceased from 100+13 saw the deceased alive an (Of 3) 19 66, and that death accurred at 2.30fM, from causes and on the date stated above. 22n. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. directar, page 3 should be filed w M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS J. ELIAS, MD MERIDENE DE BALTO. 21212 NAME (Type) 1701 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION. 23b DATE THEREOF 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 11/3/66 Baltimore, Md. Oak Lawn Cemetery NEGAL DIRECTOR Puneral Home, ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24\_ FUNERAL DIRECTOR VR A15 (4) Muy Judge 3331 Brehms Lane



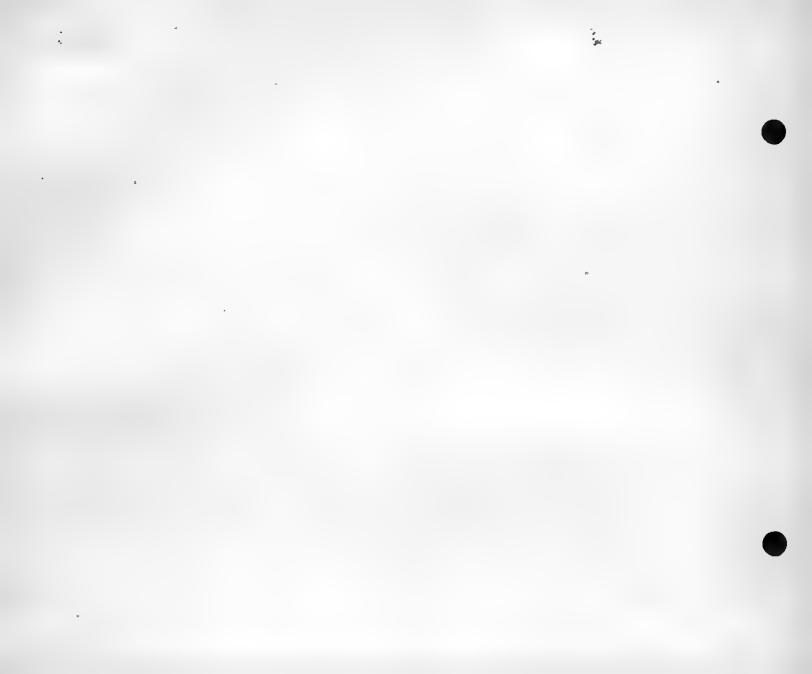
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13705 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the attending physician and campletely fitled in by the funeral sit permit. Then please remave carban papers Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odm ssion) a. COUNTY a STATE b. COUNTY BALTIMORE ve carban papers Pages I event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) HOURS EASTON FORT HOWARD e. IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (if not in haspital give street address) d STREET ADDRESS 426 DOVER STREET VETERANS ADMINISTRATION HOSPITAL NO K 3 NAME OF First Middle 4 DATE Last Manth Day Year DECEASED **JAMES** 19 66 BENJAMIN DASHTELL OCTOBER 12 (Type or print) DEATH YEAR S SEX IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In veors NEVER MARRIED birthday) Manths Hours JUNE 27, 1922 and in any MALE NEGRO WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind af wark done during mast of work no life even if retired)
FULLERAL DIRECTOR 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? BIVALVE, MARYLAND FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar remaval GEORGE DASHIELL MARGARET CONWAY WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor ar dates of service) CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. WW 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-fransit ONSET AND DEATH PULMONARY EMBOLUS IMMEDIATE CAUSE (o) signed by 4201 DUF TO INFARCTION OF MYOCARDIUM DAYS Conditions, if any, which gove rise to immediate couse (a). DUF TO stating the underlying cause Page 4 may be retained by the haspital ar attending After this certificate has been ARTERIOSCLEROTIC HEART DISEASE UNKNOWN lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION State Dept. of Health YES A. NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I ar Port II af item 18) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) Hour a.m. Not While factory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) attended the deceased fram 10/12/66 10/12/66 19\_\_\_, that (1) (we) last . 19 directar, page 3 shauld shauld be filed with the and that death accurred at 9:10 PM, fram causes and an the date stated above. 66 O FUNERAL DIRECTOR: saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED DIRECTOR STAFF PHYS. 10/13/66 M.D. 22d ADDRESS 22c PHYSICIAN'S VAH FORT HOWARD, MARYLAND JOHN D. TALBERT, M. D. NAME (Type) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION DATE THEREOF 23d LOCATION (City or Town) (Stote) (County) 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR FUNERAL HOME Markon



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	(LAND
로 등으로(제)	13706 CERTIFICATE OF DEATH	5
death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence of the County of t	ce before admission
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S at at (OZ)	b. CITY OR TOWN (if outside corporate limits, write RURAL and gwerte RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and g	Ive nearest town
in the	BALTIMORE	
24 hours after death. filled in by the funeral papers. Pages 1 and 2 hin 72 hours after death	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  GREATER BARTIMORE HED. CAL CENTER 8526 KAVANAMEH RD	ON A FARM?
tthin 2	3. NAME OF DECEASED First Middle Last 4. DATE Month Da	y Year
d w	TYPE OF PRINT) FEMALE LASH NER DEATH OFTOBER 31	10 -
The law requires that the death certificate be executed within or attending physician. at the ben signed by the attending physician and completely fouse as the burial-transit permit. Then please remove carbon pleath prior to burial, cremation, or removal, and in any event, within the prior to burial, cremation, or removal, and in any event, within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 78. DATE OF BIRTH FAMALE (1465. WIDOWED DIVORCED OF RACE 1966 In years If UNDER 1 YEAR 1975, 1966 IN YEAR 1975, 196	
an an a	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEF COUNTRY	OF WHAT
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deat deat e at perm ion,	NO - PARENTS SAME	
at the deat ian. I by the at ransit per cremation,	18. CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c).]	ERVAL BETWEEN
hat the cian. ed by turansit i, crema	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  BRONCHO PUEUMONIA	
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uires g phy g phy buri	Conditions, if any, which   (b)   gave rise to immediate	
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Jaw atten has e as i pric	underlying cause last. (c) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	, WAS AUTÓPSY
The later of the cater of the cater of the cater of the cater of the callth	STATIS COST- OF REPAIR OF COMPHAIOCELE MULTIPLE CONCENTIAL Y	PERFORMED?
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SICIAN: The hospital or a certificate sched for us spt. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19  STATUS POST - OP PEPAR OF OMPHALOCELE MULTIPLE CONCENDED (Enter nature of Injury In Part 1 of Part II of Item 18.)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 of Part II of Item 18.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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ATTENDING retained by CTOR: Afte Should be with the Star	21. I certify that (I) (this hospital) attended the deceased from Oct 20th, 1966, to Oct. 31, 1966, to	hat 😘 (we) ias
ATT reta CTO shorith	saw the deceased alive on 3/2 19 66, and that death occurred at 5/2M, from the causes and on the da 22a. SIGNATURE.	
OR DIRE	Margaret E. Lang M.D. ATTENDING MED. STAFF 10/3	1/66
PIT 4 m ERA Or,		ENTER
Page Page direct should	23a. BURIAK CREMATION D23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (SDECTIV)  JOY. 2, 1966 GREATER BALTO MED. CTR. 676   N. CHARLES BALTO	(State) (D. UI) 2120
0	24. FUNERAL DIRECTOR 25b, REGISTRAR	NATURE
VR AI5 (4) 20M 1/65	Bouta J. Veterow, MD 6701 NOVOH CHARLES NOV 7: 1966 James J.	7
20M 1/65	BH-10 MV 21204	



de	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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s after by the 1 pages 1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARYLAND  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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fill fill fill fill fill fill 7	2112 Rockwell Av. 2112 Rockwell v. YES NO
executed within and completely remove carbon in any event, with	3. NAME OF First Middle Last 4. DATE Month Day Year
ruple carb	OF DECEASED (Type or print) Clarence 6 Javis DEATH Oct. 2 1966
uted con ove	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years ) FUNDER 1 YEAR   FUNDER 24 HRS. last birthday) Months   Days   Hours   Min.
and emo	11   WIBOWED   DIVORCED   5-10-05   67 yrs.
be e	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   12. CITIZEN OF WHAT COUNTRY?
ysic bangang	Retired engineer   Ertin Co.   Largend   11-1
Tage P	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	James O. D.vis Late-Mary Siskey
th c	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no., or unknown) (If yes give war or dates of service)
dea De a Peri	218-03-58811 2112 Rockrell Av.
The law requires that the death certificate be executed within 24 hours or attending physician. Some signed by the attending physician and completely filled in by use as the burial-transit permit. Then please remove carbon papers. Page atthe purial cremation, or regions.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
trant trant transfer	IMMEDIATE CAUSE (a) Coronary artery delicare
ign the right	Conditions, If any, which }
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PHYSICIAN: The law requires that the Cospital or attending physician. This certificate has been signed betached for use as the burial-trane. Dept. of Health prior to burial, cre	
i: The la al or atl ficate h for use Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Tiffic for Ho	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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PHYSICIAN: The I the Expiral or at this certificate detached for use the Dept. of Health	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pour a.m. While at work at
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OR ATTENDING be retained by IRECTOR: After ge 3 should be	21. I certify that (I) (this hospital) attended the deceased from 1100. 21, 1963, to Oct 2, 1964, that (I) (we) last
on ATTENCY be retaine DIRECTOR: age 3 should lifed with the	saw the deceased alive on \$ 30 1966, and that death occurred at \$\(\mathcal{L}\) 30M, from the causes and on the date stated above.
R A A Se ra d wi	22a. SIGNATURE 22b. DATE SIGNED
AL O AL DI Page	ATTENDING MED. STAFF  DIRECTOR PHYS.   10-4-66  22c. PHYSICIAN'S   22d. ADDRESS
PIT 4 m	NAME (Type) Harry Knipp M. E. 4116 Idmondson ave. Butte 27 had
O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page should be filed	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
5 5 5 5 D	REMOVAL (Specify) 10-5-66 Readowridge Cem. Baltimore, Md.
w c	24. FUNERAL-DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4)	Witzke F.D4101 Edmondson Av.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death: 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e. COUNTY b. COUNTY after attending physician and completely filled in by the irmit. Then please remove carbon papers. Pages 1 n, or remmyal, and in any event, within 72 hours after MARYLAND CITY OR TOWN (if outside corporate i mits, write RUBAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO F executed within 3. NAME OF Day eibhiM Last DATE DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR-OR RACE OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR NEVER MARRIED last birthday) Months I DIVORCED 10a. USUAL OCCUPATION (Give kind of work doge & State, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? certificate MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, tro, or unknown) | (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMAN Address been signed by the burial-transit permit ior to burial, cremation, or death INTERVAL BETWEEN 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to Immediate DUE TO cause (a), stating the prior 1 underlying cause last. of this certificate has be detached for use as State Dept. of Health prior (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X YES ( DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of Item 18.) 20a. ACCIDENT WAS UNDERLYING F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. After Id be d Not While Š ATTENDING at work at work be retained the 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: director, page 3 should should be filed with the , and that death occurred at / F M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE/SIGNED page ; ATTENDING PHYS. MED. DIRECTOR STAFF M.D. PHYS. 4 may 22c. PHYSICIAN'S 22d. ADORESS director, p NAME (Type) LOCATION (State BURIAL, CREMATION. DATE THEREO NAME OF CEMETERY OR CREMATORY 23d. or county) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRES VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13709 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH b. COUNTY Prince George's o. COUNTY o. STATE Marvland MARYLAND Baltimore b CITY OR TOWN ( f outside corporate Fmits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town)
Catons ville Cottage City. Maryland 18 yrs days g. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3802 Parkwood Street SPRING GROVE STATE HOSP TTAL YES 🗌 NO 🔀 3 NAME OF First Middle Lost 4 DATE Month Dov Yen DECEASED Elizabeth Deck (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years lost birthdoy) Months Doys Hours March 20, 1889 W DIVORCED female white WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Washington, D.C. housework physicies en plegs 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phys ar remava UNKNOWN David Cole Elizabeth IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Records: STATE HOSPITAL SPRING **GRO VE** unknown unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave rise to immed ofe couse (a). DHE TO stating the underlying couse t ta has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO 힏 200 ACC DENT WAS UNDERLYING be retained by the hospital 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour a.m. factory, street, office bldg., etc ] Not While of work of work O FUNERAL DIRECTOR: After 21. 1 certify that (1) (this haspital) attended the deceased from Sept. 18 19 40 . 1966 that (1) (we) last to Oct 8 saw the deceased alive an Det 19 66, and that death accurred at 5.98 M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M D GRU VE 22c. PHYSICIAN S Page 4 may NAME (Type) 120 LA-N Baltimore, Maryland 21228 director, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) **BURIAL, CREMATION** 23b DATE THEREOF (County) (Stote) ABENSBURY 124. 1 REMOVAL (Specify) mr aLIVET 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 1966 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT-OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET; BALTIMORE, MARYLAND 21201 13710 CERTIFICATE OF DEATH PLACE OF DEATH o. COUNTY Baltimore b. COUNTY o. STATE Maryland MARYLAND b CITY OR TOWN (If outside corporate l'mits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b 21212 Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS

requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) and completely filled in by the fungr c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM 6404 Crestwood Rd. St. Joseph Hospital NO 📮 3 NAME OF First Middle 4. DATE Lost Doy Year DECEASED Virginia DE FARGES October 23 19 66 (Type or print) DEATH 9 AGE (In years —lest birthdoy) IF UNDER 1 YEAR | IF UNDER 24 HRS. 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Dovs Hours white female WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) Md. Nat. Bank **COUNTRY?** Baltimore, Md. II.S.A Asst. Branch Mgr 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phy burial-fronsit permit. Then John W.P. Insley Nina B. Webb 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) ö 220-14-6663 Mr. John L. DeFarges Same cremotion, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Encephalomalacia of left cerebral hemisphere IMMEDIATE CAUSE (o) thrombosis of left internal carotid artery DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be retained by the haspitol or attending as the this certificate has been los1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Raynaud's disease YES KX NO 20o ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While FO HOSPITAL OR ATTENDING Page 4 moy be retained by the FONERAL DIRECTOR: After 2). I certify that A) (this haspital) attended the deceased from October 22, 1966, to October 2319 66, that A) (we) last saw the deceased alive an October 23 19 66, and that death accurred al 2:35 M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. Oct. 23, 1966 directar, page 3 should be filed v M.D. 7620 York Road, 21204 22c PHYSICIAN S Lawrence F. Misanik, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23o. BUR, AL, CREMATION 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial 10/26/66 St. Paul's Prot. Epis. Cem. Vienna, Maryland 24. FUNERAL DIRECTOR 2Sb. REGISTRAR S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) Leonard J. Ruck. Inc., Balto., Md. 21214 966 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13711 CERTIFICATE OF DEATH be executed within 24 haurs after death. de p funeral 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) gug 1. PLACE OF DEATH h COUNTY a. COUNTY MARYLAND BATITIMORE MARYLAND burial-fransit permit. Then please remave carbon papers. Pages i burial, crematian, or remaval, and in any event, within 72 haurs after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate timits, te RURAL and give necrest town) 5 DAYS BALTIMORE FORT HOWARD e IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not an haspital, give street address) campletely filled in VETERANS ADMINISTRATION HOSPITAL 5702 Kenwood Ave. Baltimore.Md. YFS 🗌 3. NAME OF Middle Lost 4. DATE Dov Year First DECEASED OF DEATH CHARLES OCTOBER DINATALE JOSEPH (Type or print) F UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months Days OCTOBER 17,1914 MATE WHITTE DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10o. USJAL OCCUPATION (Give kind of work done during most of working tile, even if refired) COUNTRY? HARDWARE STORE BALTIMORE, MARYLAND 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending pray LENA GARGUILO SALVATORE DINATALE 15 WAS DECEASED EVER INU.S ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dotes af service)
YES WW II 17 INFORMANT Address 16. SOCIAL SECURITY NO CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) signed by the burial-transit p DISEL AND DEATH PART I. DEATH WAS CAUSED BY PULMONARY CONGESTION AND EDEMA IMMEDIATE CAUSE (o) \_\_ DOEXION EXTREME ANEMIA Canditians, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying couse age 4 mmy be retained by the hospital or attmnding BLEEDING FROM CARCINOMA OF STOMACH WITH METASTASIS director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES T NO this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot wark O FUNERAL DIRECTOR: After 10/14/00 21. I certify that (1) (this haspital) attended the deceased fram. . ta and that death accurred at 4:02PM, fram causes and an the date stated above. saw the deceased alive an 10/19/66 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. ATTENDING PHYS 10/20/66 X M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S VAH FORT HOWARD, MARYLAND NAME (Type) MILTON GINSBERG, M. D. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) 10/24/66 BALTIMORE NATIONAL BALTIMORE, MARYLAND 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR Ochanles Leonard RUCK FUNERAL HOME VR A15 (4) 20 M 1/66 HARFORD ROAD, BALFINDRE,



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 havrs after death by the funeral Pages 1 and ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE MARYLAND BALTIMORE haurs after MARY! AND b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 34 DAYS ST. MICHAELS FORT HOWARD completely filled in d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 BOZMAN ROAD VETERANS ADMINISTRATION HOSPITAL NO A YES remaye carban 3 NAME OF First Middle 4 DATE Last Month Dov Yeor DECEASED OF HARRY DISCHOUSE DIXON 10 21 66 (Type or print) 19 DEATH S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH AGE IF UNDER 1 YEAR IF LINDER 24 HRS **NEVER MARRIED** n years last birthday) Manths Hours 2 25 99 MALE WHITTIE and in any **WIDOWED** DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) please during most of working life, even if retired) INDUSTRY COUNTRY? INSTRUMENT MAKER W. WHEELING. OHIO USA BUREAU OF STANDARDS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM S. DIXON MAMIE JENKINS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service) ourial-transit permit burial, crematian, ar 578 01 YES WWI CLINICAL RECORDS-VAH FORT HOWARD INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH PULMONARY EDEMA W/ PNEUMONIA IMMEDIATE CAUSE (a) signed by DUE TO Canditions, if any, which gave rise to immediate cause (o) DUE TO as the prior tal stating the underlying cause 4 may be retained by the haspital ar attending has been last. 19. WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION far use of Health CARCINOMA OF PROSTATE W/ **METASTASIS** YES 4 NO certificate 200 ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Day, Year Hour a m 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Not While factory, street, affice blda, etc.) **FUNERAL DIRECTOR:** After director, page 3 shauld be d shauld be filed with the State of work of work 19 66 ta 10 21 66 1966 that (We) last 21. I certify that (A) this haspital) attended the deceased fram\_ 9 17 10 19 66, and that death occurred at 2:55AM, fram causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 10 21 66 DIRECTOR M.D. PHYS PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) HOWARD VAH FORT HOWARD, MARYLAND BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURLAL (Specify) 10/21/1966 BALTIMORE NATIONAL BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 4905 York Road Charles HENRY W. JENKINS



1140		PARTMENT OF HEALTH
从一个一个	Division of STATISTICAL RESEARCH AND RECORDS 301	W, PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	13713 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 13716
HEALTH DEPT.	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived if institution: Residence before damission)
3 to Page Page ent of leath.	o COUNTY Baltimore MARYLAND	o. STATE Md. b. COUNTY Baltimore
ent dea	b CIY OR TOWN (If autside corporate limits   C (ENGTH OF STAY IN 16)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
y delay, and PM3 (PM3) (free defined free de	wr te RURAL middles peoples town) 2 Days	Baltimore, Md. 21234
epo e	d NAME OF HOSP TAL OR INSTITUTION (finot in hospito, give street oddress)	d STREET ADDRESS  e S RESIDENCE ON A FARM?
th If ary delay ges 1, 2, and 3 a farm PM3 Parate Department haurs after deal	G.B.M.Center	2407 C. Gainesborough Ct.
d within 24 haurs after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to Examiner's Office along with farm. PM3. Page the pages 1 and 2 with the State Department of charactery any event within 72 haurs after death.	3 NAME OF FIRST Middle DECEASED MONEYUP 1 TO Alice Divers	Lost 4. DATE Month Doy Yeor
r de ive F g wi the iin 7	(Type or print) Marguerite Affee Dixon	OF DEATH Oct. 26,1966
after 8 Giv alang with i		DATE OF BIRTH  9 AGE (n years   IF _NDER   YEAR   IF UNDER 24 HRS
ors or 18 d2 v		Dec. 6, 1904 61 yrs
haurs Item 1 Office and 2 event	100 USUAL OCCUPATION (Give kind of work done during most of working); even if retired)  100 KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
24 in ar's ar's		Baltimore, Md. COUNTRY? U.S.A.
nin nin	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
w x x x x x x x x x x x x x x x x x x x	Charles E. Garitee, Sr.	Josephine F. Rightmiller
	IS. WAS DECEASED EYER IN U.S. ARMED FORCES?  (Yes, no, of unknown) (f yes give wor or dotes of service)  (16 SOCIAL SECURITY NO 17 III	NFORMAN 602 A Knollcrest PTate Cockeysville,
ding edic	NO.	ohn S. Dixon, Baltyimore/Md./21234 Md.21030
pence expended with the set of th	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) PART I DEATH WAS CAUSED BY	NTERVAL BUTWEEN ON SET AND DEATH
Chicago	IMMEDIATE CAUSE (0)	My Cheater HAS.
war war the tial	Conditions, If any, which gove )	A Goldinania with
to to pu	rise to immediate couse (o).  DUE TO	-1113
icate ng 1 Jed is a	lost. (c)	
rrtrfi vritti vard ed c	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINA. D SEASE COND TON GIVEN IN PART I(0)  9 WAS AUTOPSY PERFORMED?
MINER: This certificate shauld be executed within 24 haurs after death 1f of the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm it files.  3 should be used as a burial-transit permit, the pages land 2 with the State Degent, priar to burial, cremation, or removal, and should event within 72 haurs.	20g EXTÉRNA. CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	PERFORMED?
fical fical be d b	E 20a EXTERNA. CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED ( PRIMARY □ or CONTRIBUTING □	Enter nature of injury in Port I or Port II of Item 18.)
AL EXAMINER: execute the certing Page 4 shauld far your files.  TOR: Page 3 should pringled agent, pringled ag	CAUSE OF DEATH	
sh he as a sh he ent	20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLAC While Not While focial	IE OF fNJURY (Home, form 20f (City or town) (County) (Slote)  pry, street, office bldg, etc.)
XAA XAA 3e 4 your your	pm 19 of work of work	
Page Page after af	21. I certify that I taak charge of the remains described above, hel	
to the significant of the signif	death resulted from. Natural causes Accident , Suici	de 📑 Hamicide 🔲 Undetermined manner 🗌
MEDICAL DIRECTOR DIRE	ACTUAL //// A ST T T T T T T T T T T T T T T T T T	CHIEF MEDICAL EXAMINER 22. DATE/SIGNED
od o	SIGNATURE A CONTROLLED	MD. ASSISTANT RICEICAL EXAMINER
PUT Sary Y be TER	EXAMINER'S NAME (Type) Charles F'. U' onnell, H.D.	Address (Street, city, town, or county)
necessary, please execute the certificate, writing the ward "pending" the funeral director Page 4 shauld be farwarded to the Chief Medical 5 may be retained far your files.  To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit Health or its designated agent, priar ta burial, crematian, or removal,	230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR C	
5 = + 2 5 ± V	REMOVAL (Specify)  Rurial Oct 29 66 Moreland M	
A	Burial Oct. 29,66 Moreland Mulicipal Wm. Cook-Brooks Towson, Towson, Md. 212	250. REC D BY REGISTRAR 256 REGISTRAR S SUNATURE
VR A15ME (5) 6M 1/66	will. Gook-brooks towsoil, rowsoil, rid. 212	DATE OCT 2 8 1966 formation guide



1 (1)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	13714 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admissing	on)
to of of h.	o. COUNTY Ballimore MARYLAND O. STATE Mary tand b COUNTY Ballim	No
any delay is, 2, and 3 to a PM3. Page eportment of safter death.	b (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)	
PM3	[ C 22 E X	Deler
th If any delay is ges 1, 2, and 3 to it form PM3. Page at Department of hours after death.	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Z6 Decater ROAL  ON A F.  YES	ARM?
ofter death. If a 8. Give Pages 1, along with form with the State De within 72 hours	3. NAME OF First Middle DOUG FERY OF DEATH OF DE	le le
ofter death 8. Give Pog along with with the Sto within 72 h	THE PART OF THE PA	R 24 HRS Min
hours Item 1 Office and 2 event	10o. USUAL OCCUPATION (Give kind of work done during most of working like, even if retiged)  10 KIND OF BUSINESS OR 11 BIRTHPLACE (State of foreign country)  12 CITIZEN OF WHAT COUNTRY?	
worthin 24 pencil in pencil in pencil in pencil in pencil in ne pages nd n ony	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. CALLER S. C. S. C	
- Em	15 WAS DECEASED EVER IN 5 ARMED FORCES? (Yes, no, openknown) (fives give war ar dotes of service) to social security NO 17. INFORMANT  - 1 Address  - 1 Address	
This certificate shauld be executed icate, writing the ward 'pending' in be forwarded to the Chief Medical E I be used as a burial-tronsit perm't. Fir to burial, cremotion, or removal, a	IB CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c).)  PART I DEATH WAS (AUSED BY INMEDIATE (AUSE (o) Internal bleedin due to rupture of spleen ONSET AND C	
shauld be e ne ward 'pen o the Chief ! buriol-tronsit notion, or re	DUE TO and liver	
ote shauld the ward to the Ch a buriol-tre cremotion,	Conditions, if any, which gave (b) (b)	
ficate ing th ded t ded t os a f, crei	stoling the underlying couse (c)	
certificate shauld , writing the ward orwarded to the Cl used as a buriol-tru burial, cremotion,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO	OPSY MED?
This care, be followed be upon to be	PRIMARY 5 Cor CONTRIBUTING COLUMN CAUSE WAS CAUSE OF DEATH FOR DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)  Fell on street	
INER: The certifice should be files. 3 should like.		
	Hour am to While Not While factory street, office bldg, etc.)	(Stote) Md
MESTAL EXA please execute I director. Page retained far you DIRECTOR: Page 15 designated o	21. I certify that I tack charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my	
IESTCAL EX ease executiveror. Pograined for your RECTOR: Pograined for your RECTOR: Pograined designated	death resulted from: Natural causes, Accident 🔀, Suicide, Homicide Undetermined manner	<b>T</b>
MERCA olease ex- director. etained 1 DIRECTO	ACTUAL 118	SIGNED
UTY MEERCA July, please energy director be retained RAL DIRECT or its design	SIGNATURE M.D. ASSISTANI MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE	11.
o DEPUTY MESTCAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your 5 FUNERAL DIRECTOR: Page Health or its designated age	NAME (Type), WERNER U. SPITZ, M.D. Address (Street, city, town, or county)	ou
TO DEPL necessa the fun 5 moy TO FUNE Health	230 BJRIAL, CREMATION, REMOVAL Specify 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Tity or Town) (County) (S	State)
VR A 15ME (5)	24 FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR 5 SIGNATURE Que DATE OCT 5 1966 Charles Jus	ye



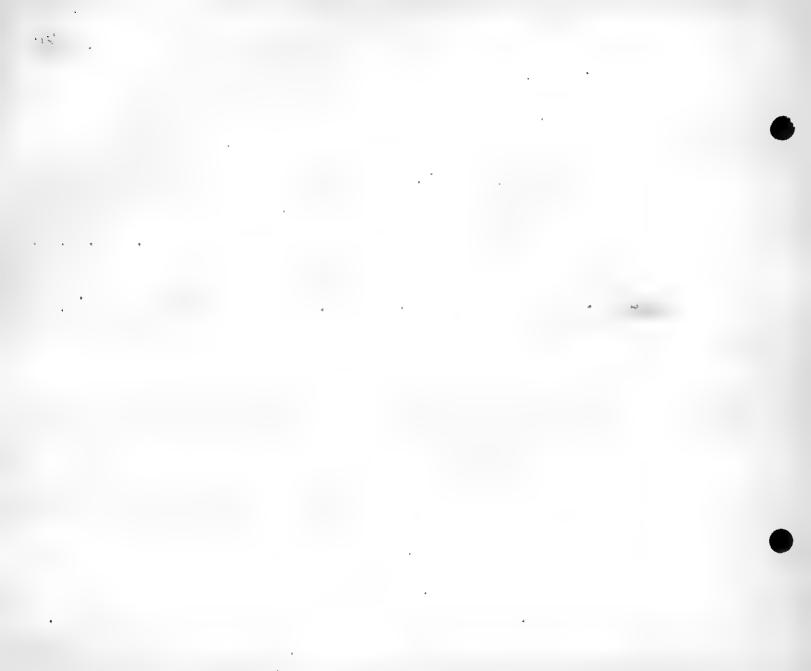
MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYL CERTIFICATE OF DEATH death. funeral and 2 death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF CEATH a. COUNTY b. COUNTY Maryland Baltimore after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rosedale write RURAL and give nearest town) remove carbon papers. Pagin any event, within 72 hours hours 3 Weeks Baltimore E d. STREET ADDRESS B. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled ON A FARM? 1830 Ellinwood Road 531 S. Lazarne Avenue, 21224 NO YES etely executed within DATE Month Oay Year Middle NAME OF First DECEASED OF DEATH DREGIER MARTHA October 10-66 19 cample (Type or print) AGE (In years | IF UNDER 1 YEAR | F UNDER 24 HRS. | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 5. SEX 7. MARRIED NEVER MARRIED Nov. 15-1890 Female White WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. B)RTHPLACE (County & State, or foreign country) COUNTRY? that the death certificate be Housewife Poland U.S. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Wankowski Josephine Sobczynski 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ed by the attenctransit permit. (Yes, no, or unkewn) (If yes give war or dates of service) 212-34-8752 Husband. Mr. Joseph M. Dregier Sr. #2,a,b,c,d ONSET AND OFATH 18. CAUSE OF OEATH [Enter only one cause per line far (e), (b), and (c). been signed by the the burial-transit or to burial, cremati PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a 4200 DUE TO Conditions, if any, which (b) gave rise to immediate this certificate has been detached for use as the e Dept, of Mealth prior to OUE TO cause (a), stating the underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO hospital or YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) MEDICAL TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Hour a.m. While Not While After ATTENDING retained by at work at work that (i) (we) last O FUNERAL DIRECTOR: A director, page 3 should should be filed with the the 21. I certify that (i) (this hospital) attended the deceased from and that death occurred at 9 12 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNEO 22a. SIGNATURE þ ATTENDING PHYS. STAFF PHYS. MEO. CIRECTOR page Oct. 11-1966 M.D. 4 may 22d. ADDRESS PHYSICIAN'S director, p Robert J. Lyden NAME (Type) M.D. 1506 Chapel Hill Drive, Balto. Md. 212 Page " (State) 06 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. REMOVAL (Specify) DATE THEREOF 2 St. Stanislaus 10-14-1966 Haltimore Maryland A Burial REC'D BY REGISTRAR **ADDRESS** FUNERAL DIRECTOR JOHN J. DUDA, Baltimore, Maryland 21224 VR A15 (4) 15M 4-64



	Item 20 Film 381 10-13-66 MARYLAND STATE DEPARTMENT OF HEALTH				
Marks I Darks		Division of STATISTICAL RESEARCH AND RECORDS, 30	)1 W. PRESTON STREET, BALTIMORE, MARYLAND 2120]		
FOR STATE		13716 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 13719		
HEALTH DEPT.	T	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, function Residence before admission)		
to to the		o. COUNTY  Baltimore MARYLAND	o STATE b COUNTY // , / .  Maryland		
y delay is y and 3 to PM3. Page artment of frer death.		b CTY OR TOWN (if autside carparate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest lown)	c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)		
y delo ond ond m3. F		Baltimore	Baltimore 21206 / -/		
		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS  e IS RES DENCE ON A FARM?		
ofter death It any delay 8. Give Poges 1, 2, and 3 to olong with form PM3. Pagwith the State Department a within 72 hours after death	L	St. Josephs Hospital	137 Sipple Ave.		
urs ofter death In 18. Give Poges Ice olong with failed with the State and within 72 hours within 72 hours	3	NAME OF First Middle DECEASED	Last 4 DATE Manth Day Year		
ir de ive F g wi g wi the the		(Type or print) Edward L.	DUKE DEATH October 4 19 66		
ofter d 8. Give olong w with the	S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years FUNDER I YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min		
hours The 18		male white WIDOWED DIVORCED	Nov. 13, 1941 24 Yrs		
9 6 5 8 8	10a dui	S USUAL OCCUPATION (G ve kind of work done in the street of the street o	11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?		
A STORY	L	Engineer Black & Decker	Baltimore City Maryland U.S.A.		
within 24 the pencifical literature of the pages 1 to 1 t	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME		
L will be Exar	15	Edward L Juke Sr.	Geraldine Gemeinhardt  NFORMANT Address		
	[13	es, na, or unknawn) (1f ves give war or dates af service)			
execute ending" f Medical f permit removal,			r Edward L. Duke Sr. 137 Sipple Avenue		
should be executed to word "pending" is the Chief Medical burnol-trons t permit motion, or removal,		18. CAUSE OF DEATH (Enter only one cause per line lag (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN PINSET AND DEATH		
d be d 'p Chief		/ IMMEDIATE CAUSE (o)	A Colden		
work work the officer		Conditions, if any, which gave ) (b) at Bra	in a tem		
ate should at the world of to the Cl		rise to immediate cause (a),	1 = 1 = 11 0 1 1 = 1		
This certificate should tote, writing the word be forwarded to the Cl be used as a buriol-trr to buriol, cremation,		stating the underlying cause (c) Practured	SKULL-Crushed Chish		
certifica , writing orwarded used os buriol, c		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OCCURED FRANCE TO	THE TEMMAN OFFEREN CONNETTICAL RESTAURANCE TO THE TEMMAN OFFERENCE OF THE TEMPORAL TO THE TEMP		
0 = 1.1	CERTIFICATION	T(b)2.	Y FOR THE THE PERFORMED YES NO DE		
	JEI.		(Enter nature of injury in Part or Part II of item 18.)		
INER: To certifus should be files. 3 should be files.			adway and struck guard rail		
AMINE ce the ce	MEDICAL	20c TIME OF N.JRY Month, Day Year 20d. INJURY OCCURRED 20e PL	ACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State) ctory, street office b dg, etc.) Balto.		
ජ ග ගරිලිර	1	12:50 pm Oct 4 1966 of work at wark Str	eet-Interstate Highway Balto.		
21. I certify that I took charge of the remains described above, beld an Autopsy [], Inspection [], Inquiry [], and in					
		SIGNATURE Valle 1750unil	MD ASSISTANT MEDICAL EXAMINER		
PUT Sary Iner y be IER4		EXAMINER'S NAME (Type) Charles F.O'Donnell, M.D.	DEPUTY MEDICAL EXAMINER  Address (Street, city, lawn, or county)		
O DEPUTY The function of the function of FUNERAL Health or it FINERAL	230	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR			
5 g f ~ 5 f	1	REMOVAL(Specify) 10-7-1966 Moreland Com	-2		
	2	4. FUNERAL DIRECTOR ADDRESS (	250. REC D BY REGISTRAR 256. REGISTRAR'S SIGNATURE		
VR A15ME 6M 1/66	7	Passalm Funeral Home 2401 Delain R	DATE OCT 0 1966 Corico Codge		

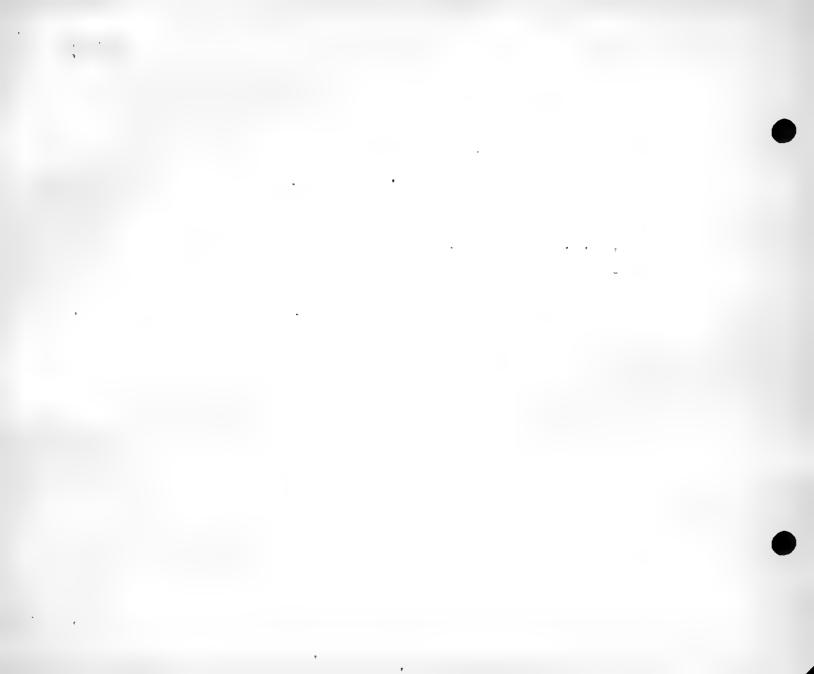


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13717 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPI PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY o. STATE ь соинту delay is and 3 ta A3. Page Maryland Baltimore Baltimore Department of MARYLAND b CITY OR TOWN (If outside corporate limits c CITY OR TOWN ( f outside corporate imits, write RURA, and give nearest town) c LENGTH OF STAY IN 16 2, and PM3. write RURAL and give nearest town) Baltimore-rural Balto rural d NAME OF HOSP TAL OR INSTITUTION (1 not in hospito, give street oddress) d STRFFT ADDRESS e IS RESIDENC farm hours ON A FARM? 5 Belfast Rd. Timonium, Md. St. Joseph Hospital NO X Give Pages ate Itam 18. Give Page: Office alang with f hours after death. with the Stawishin 72 3 NAME OF Middle Lost 4 DATE Month \$ Doy Year DECEASED OF Dunni ck 10 10 19 66 (Type or print) Carl DEATH S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH NEVER MARRIED b mhdoy) lost Dovs Hours July 5, 1902 WIDOWED K DIVORCED 64 white event male oud IDo USUA, OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT ng most of work ng life even fretired) این Construction COUNTRY? Stewartstown, Penna. 24 Ony Carpenter pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Examig  $\subseteq$ John Dunnick Susanna Hild. FIle and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5 Belfast Rd. Chief Medical hknown) (If yes give wor or dotes of service) removal "gnibned 180 0365 05 Mrs. Earl Harmon. Timonium CAUSE Of DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN burial-transit DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic cardiovascular disease Ö IMMEDIATE CAUSE (6) writing the ward crematian, 4221 DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 90 last. buria!, ( nsed 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? please execute the certificate, YES 32 MO prior to 2Do EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of item 18) PRIMARY I or CONTRIBUTING I shauld CAUSE OF DEATH agent, 20d IN. JRY OCCURRED 2De PLACE OF NJURY (Home form. 20c. TIME OF IN JRY Month, Doy Year (City or town) (County) Hour om foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work of work designated 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inqu<del>i</del>ry ond in my opinion death resulted from Suicide Natural causes Accident Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER [X] SIGNATURE the funeral O DEPUTY 10/11/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** O FUNE Health may NAME (Type) Address (Street, city, town, or county) Werner U. Spitz, M.D. BURIAL CREMATION. 235 DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUTTA (Tpecify) 1966 New Freedom Cemeterv New Freedom, Penna. 25b REGISTRAR S SIGNATURE 24) FUNERAL DIRECTO 250 REC'D BY REGISTRAR VR A15ME (5) 1966 New Freedom. Penna DATE 6M 1/66

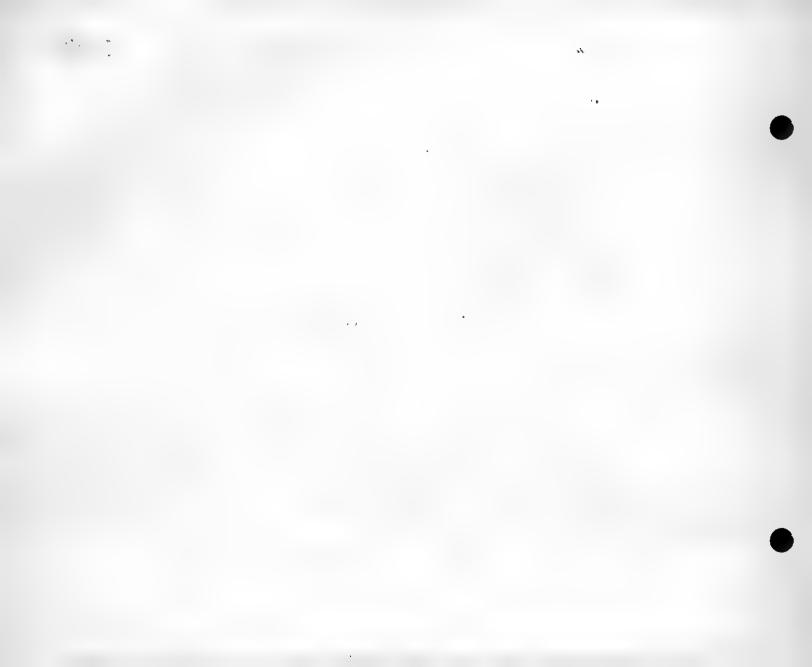




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY Baltimore a STATE **b** COUNTY Maryland MARYLAND detay and 3 t b CITY OR IDWN (fautside carparate imits write RURAL and give nearest town) CLENGTH DE STAY IN 16 c CITY DR TDWN (If acts de carparate limits, write RURAL and give nearest town) P.M.3. Baltimore - 12 VI 021 d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RES.DENCE ON A FARM? Deg hours St. Joseph s Hespital 6209 Marlora Road Give Pages ate YES 🖂 NO 3 NAME OF First 4 DATE Manth Day Year DECEASED OF Edward Oct. 1966 within Dver (Type ar print) DEATH S SEX 1 YFAR 6 COLDR OR RACE 7 MARRIED 8 DATE DE BIRTH 9. AGE ( n years F UNDER IF LINDER 24 HRS NEVER MARRIED Jost birthday) Months Hours 9/4/18 Male WIDOWED DIVORCED event 1) BIRTHPLACE (State or foreign country) 10a USUA, OCCJPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT CINDUSTRY during most of working life even if retired) sales, A.H. Fetting COUNTRY Colorado QUÀ ward 'pending" in pencil in the Chief Medical Examiner in pencil I This certificate shauld be executed within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ξ Edward Dver Leona pup TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service) ar remayal, 6209 Marlora Rd. #12 Mary H. Dyer (a) (b), and (c) ) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one cause per line, ONSET AND/DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) crematian, DUE TO Candit ons, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying cause Ð SD bur al, WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? YES -ND p age 3 should b 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY DCCJRRED (Enter nature of injury in Part I or Part II of item 18) PRIMARY ar CONTR BUTING TAL EXAMINER: CAUSE OF DEATH. (City or town) 20c TIME DF IN JRY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm. (County) (State) 5 may be retained by Funeral Directors. Page 3 Health at its designated agen Haur a.m. factory, street affice bidg , etc.) Nat White at work at work 2). I certify that I tack charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my apinion Natural causes Accident [ death resulted from: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. TATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE-TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Address (Street, city town, or county) NAME (Type) Charles F. J. Donnell. M.D. 230. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) HOVA SPETY Baltimore County, 10/17/66 Moreland Memorial Marvla 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR Minneley VR A15ME (5) Mitchell-Wiedefeld Home 6500 York Rd. DATE OCT Bal+4 Mere



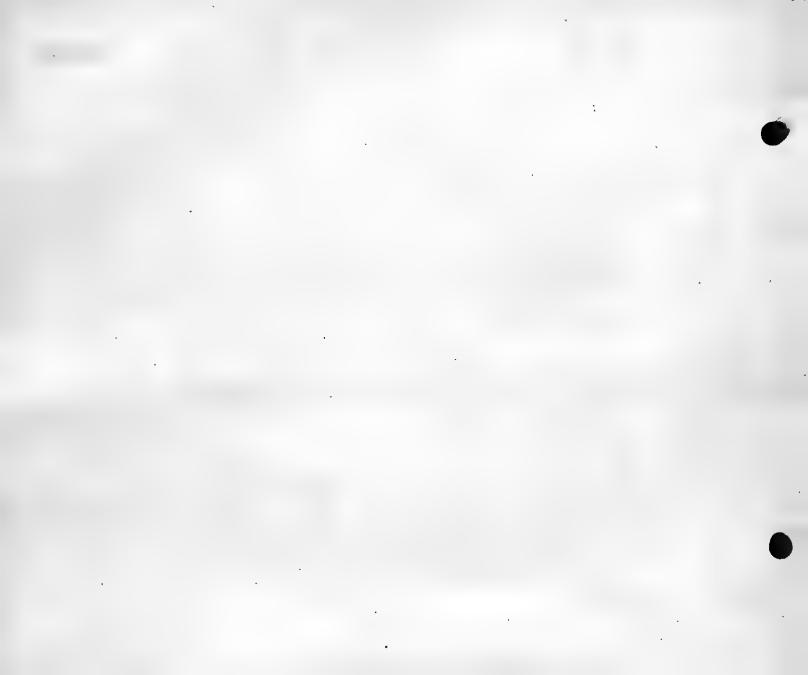
	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
FOR STATE	13770 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13723			
HEALTH DEPT. )	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased Eved, if institution Residence before admission)			
of of	Baltimore County Maryland Maryland b COUNTY Pr. Geo. Co.			
y delay is ond 3 to PM3. Page artment of fter death.	b CITY OR TOWN (If outside carparate mits.   C LENGTH OF STAY IN 1b   C CITY OR TOWN (If outside carparate limits, write P-IRA) and give pagrest fown)			
delicond ond M3. F	Write RURAL and give nearest town)  Mount Wilson  25 minutes District Heights			
- C C C	d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)  d STREET ADDRESS  f e S RESIDENCE			
50 0 E	Mount Wilson State Hospital 5405 Silver Hill Road YES NO X			
Pag Pag with with 72 h	3 NAME OF First Middle Lost 4 DATE Month Day Year			
after death 18. Give Pages olong with for the With the State within 72 hours	OF (Type of print) Elizabeth Elfrieda Dyer DEATH 10 12 19 66			
after of Give olong with in within	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF JNDER YEAR IF UNDER 24 HRS			
IS of	Female White widowed Divorced 5/23/20 lost birthdoy) Months Doys Hours Min			
hours Ifem 1 Office Iond 2	100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT			
1 24 hours after death I in Item 18. Give Page ers Office olong with f	during most of working life, even if retired)  Norfolk, Virginia U.S.A.			
thin 24 med in niners pages in ony	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME			
with pen omi	Walter B. Hudson Elfrieda Larsen			
in pe I Exon File and	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address			
cute lical lical	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 577-20-8636 Records, Mt. Wilson State Hospital			
DEPUTY MEDICAL EXAMINER: This cert ficate should be executed within 24 necessary, please execute the certificate, writing the word 'pending'' in pencil m the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's may be retained for your fles.  DEUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Health or its designated agent, prior to burial, cremation, or removal and in any	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO  INTERVAL BETWEEN ONSET AND DEATH 19 years  Conditions, if any, which gave is to immediate couse (a), stating the underlying couse  DUE TO  INTERVAL BETWEEN ONSET AND DEATH 19 years  DUE TO  DUE TO			
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se execute the certific ctor. Page 4 should b ned for your fles. ECTOR: Page 3 should esignated agent, prior	20c TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, Hour om Not While Not While factory, street, office bildg etc.)  (Stote)			
Your Page do o	pin ii at work C or wark C			
Xecon	21. I certify that I took charge of the remains described obove, held on Autopsy , Inspection , Inquiry , and in my opinion			
Sign Sign	deoth resulted from: Noturol couses 📉, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner 🗌			
ME leos director tarred de de	ACTUAL SIGNATURE D. D. Caples CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED			
Y V O	SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED			
O DEPUTY MED. AL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S NAME (Type) D.D. Caples, M.D.  DEPUTY MEDICAL EXAMINER (1) Address (Street, city, fown, or county)			
O THE O THE O	230 BURIAL (REMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)			
	Burial 10-15-66 Cedar Hill Cemetery Suitland, Maryland 24 FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE			
VR ATSME (5)				
6M 1/66	Lee Funeral Home 300 4th St.N.E. Wash D. W. OCT 17 1956 Miles 1			



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
- 50 da	CERTIFICATE OF DEATH			
hours after death. I in by the funeral. S. Pages 1 and 2. Hours after death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 3. COUNTY 4. COUNTY 4. COUNTY 5. COUNTY 6.			
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rs after of the full by the full Pages 1 urs after full full full full full full full ful	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)			
hou hou sit in sits.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1			
pape hin 7	Gopel Hill having Hopped 6711 January de Ave- YES NO			
law requires that the death certificate be executed within 24 hours trending physician. Has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pag prior to burial, cremation, or removal, and in any event, within 72 hours	3. NAME OF First Middle Last Month Day Year OF DECEASED (Type or print) EDITH RUNE OY/E DEATH 28 1966			
ited comp	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (IN YEAR) IF UNDER 1 YEAR IF UNDER 24 HRS			
and and remo	WIDOWED DIVORCED DIVORCED 79 yrs.			
be explicion and in ind in	10a. USUAL OCCUPATION (Give kind of work done industry) 12. CITIZEN OF BUSINESS OR INDUSTRY.  11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
phys	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
ertifi ding The The	Krepert FIEII use Mary.			
ath catten	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (Yes, no, or unknown) (If yes give war or dates of service) 2/6-C5-3647/ Afdir 6/KE (738 1/1105 CF. 1/1111 CA - Bolts, 21207 Md			
the tree ation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET, AND DEATH ONSET, AND DEATH			
it the an. i by ransi	PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSE! AND DEATH  ONSE! AND DEATH  ONSE! AND DEATH			
PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please e Bept. of Health prior to burial, cremation, or removal, and in	Conditions, If any, which ) DUE TO Desanstation Should Riseau Stane.			
SICIAN: The law require hospital or attending picertificate has been sched for use as the bupt, of Health prior to bu	gave rise to immediate cause (a), stating the DUE TO			
w re tendi as b as ti orior	underlying cause last. (c)			
CCIAN: The law re ospital or attendi certificate has b hed for use as th	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO 20  OR CONTRIBUTING FLOAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  FILE ALL ALLER AND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO 20  OR CONTRIBUTING FLOAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)			
PHYSICIAN. The the hospital or a this certificate detached for use bept, of Health	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  OR CONTRIBUTING FLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  Full Ad Achiev in Manage Manage  OF THE STREET OF THE STREE			
SICI host s ce achec				
	TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour s.m. /d/1966 While at work a			
ATTENDING retained by CCTOR: After should be with the State	21. I certify that (I) (this hospital) attended the deceased from 10 1957, to 028 28, 1986, that (I) twe) las			
STOR Short	saw the deceased alive on 10/25 19 11, and that death occurred at 576 M, from the causes and on the date stated above			
OR ATTENE y be retaine DIRECTOR: age 3 should	Edus Hugans, M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 10/28/66			
TO HOSPITAL OR Page 4 may be firector, page should be filed with the firector.	22c. PHYSICIAN'S NAME (Type) FININ LIPIERPONT, M. 22d. ADDRESS LIBERTY P.J Pater Ut 2120.			
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VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. RESIDEAR'S STENATORE STENATO			
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13722 law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived if institution, Residence before admission) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Their please remave carban papers. Pages I and burial, cremation, ar removes, and in any event, within 72 hours after, deat PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If outside corporate imits, c. LENGTH OF STAY IN 16 c CITY DR TOWN (If gutside corporate limits, write RURAL and give negrest town) write RuRAL and give newest town) 29yr9mthldy Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1718 McHenry Street SPRING GROVE STATE HOSPTTAL NO TO YES 3 NAME OF Middle 4. DATE Eurs# Lost Manth Doy Year DECEASED October 24 William Ebert 66 19 (Type or print) DEATH IF JNDER 1 YEAR S. SEX B DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 6 COLDR OR RACE 7 MARRIED NEVER MARRIED last birthdoy) Months Doys Hours white Feb. 14. 1886 male WIDOWED DIVORCED 100 JSJAL OCCUPATION (Give kind of work done KIND OF BUSINESS DR 12 CITIZEN OF WHAT 10b 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRYS Marvland udustain 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Louise Schnell August 16 SOCIAL SECURITY NO 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes, no, or unknown) (It yes give wor or dates of service) Records: STATE HOSTITAL G RO VE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Ceebrovascular accident IMMEDIATE CAUSE (o) by the haspital or attending physician. DUE TO Conditions, if ony, which gove Arteriosclerotic cardiovascular disease rise to immediate couse (a), DUE TO has been s ise as the t th priar to b stoting the underlying couse last Arteriosclerosis, generalized WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO this certificate ٥ 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. factory, street, office bldg\_etc.) Not While 19 ot work O FUNERAL DIRECTOR: After 2). I certify that (1) (this hospital) attended the deceased from Jan - 20 Oct. 21, 1966, that (I) (see) last Page 4 may be retained shauld 21, 19 66, and that death occurred at 0:00 M, fram causes and on the date stated above. sow the deceased olive on. a . 22o. SIGNATURE 22b. DATE SIGNED MED. STAFF PHYS. ATTENDING 10-21-66 DIRECTOR director, page 3 shauld be filed v M.D. 22d, ADDRESS OF 22c. PHYSICIAN'S NAME (Type) 21228 Baltimore, Maryland Stella Wachsler, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 230 BUR AL, CREMATION (County) (Stote) REMOVAL (Specify) BALTIMORE oudon 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) 1966 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH perere admission) USUAL RESIDENCE (Where deceased lived, If institution: a. COUNTY a. STATE b. COUNTY after OW DA MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours BALTIMORE BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 316 NOBWOOD EDICAL NO X rbon p e 🖹 NAME DE First Middle Last DATE Month Day Year et DECEASED event, сошрі (Type or print) OCTO BER 16 DEATH 1966 5. SEX 6. COLOR OR RACE and cor AGE (In years | IF UNDER 1 YEAR HF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) | Months | Days any Hours DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done physician presese r 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? BA NK U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attent transit permit. cremation, or n 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) I (If yes give war or dates of service) FRANCES SAME 18. CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH igned by rial-transi PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) 10 m been s. DUE TO Cenditions, if any, which gava risa to immediate DUE TO cause (a), stating the prior underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO DO 出る PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part ii of Item 18.) 0 0 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work OR ATTENDIN o 21. I certify that (I) (this hospital) attended the deceased from 10-07 6 -16, 19 66, that (1) (we) last shoul and that death occurred at 915 A.M. from the causes and on the date stated above. DIRECTOR age 3 shot iled with t saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR ·a. M.D. HOSPITAL ( PHYS FUNERAL irector, pa hould be fil PHYSICIAN'S 22d. ADDRESS NAME (Type) shoul LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. 23c. (State) ö REMOVAL (Specify) ADDRESS FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR #15 (4) 20M 1/65

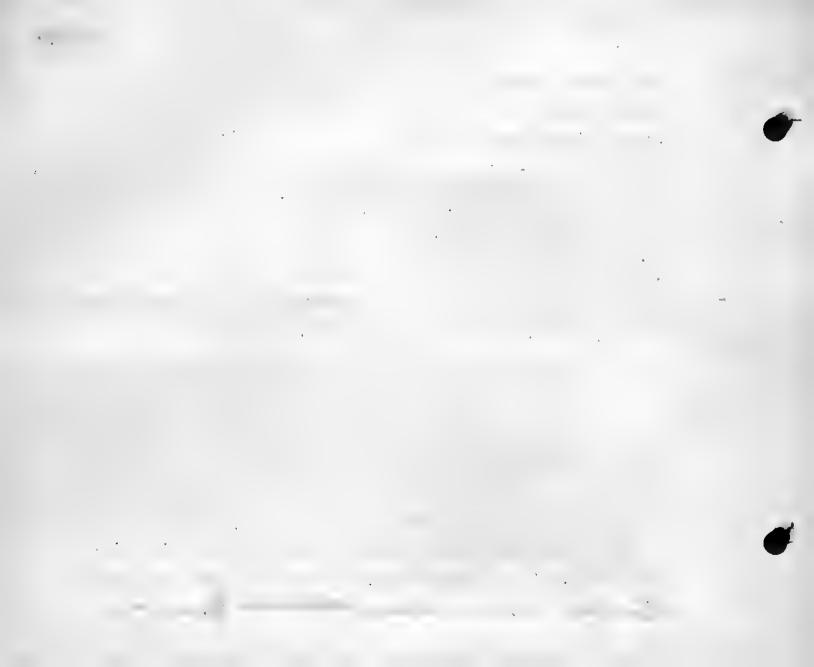


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution, Residence before odmission) Page 므 7 MARYLAND delay b CITY OR TOWN (If outs de corporate l'mits. C. FNGTH OF STAY IN 16 TOWN (If auts de corporate limits, write RURAL and give negrest town) ELLE WILLE d. STREET ADDRESS d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) e IS RES DENCE REGENCY ON A FARM? NO F David Lee Court 3 NAME OF 4 DATE First Middle Month Dov Year within 72 DECEASED OF OC TOBER (Type or print) DEATH 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH Months Dovs Hours WIDOWED haurs 100 USUA, OCCUPAT ON (Give kind of work done TOP KIND OF BUSINESS OR 12 CITIZEN OF WHAT dura most of working Life even frettred) ONENSBURO ETIRED ROAD 13 FATHER 5 NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed within pencil \_ Exam KUEHLE File gud 17 INFORMANT Address / DAVI'O LEC 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC A. SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service remayal, COURT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). burial-transit PART I DEATH WAS CAUSED BY ы IMMEDIATE CAUSE (o) crematian, DUE TO Conditions, if any, which gove use to immediate cause (a). DHE TO 0 storing the underlying couse lost. OS burial, o 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) agent, priar PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c TIME OF INJRY Month, Doy, Year 20d INTURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that I took charge of the remains described above, held on Autopsy and in my opinion the funeral directar. deoth resulted from \ Noturol couses | Accident Suicide Homicide Undetermined monner CHIEF MED CAL EXAMINER ASSISTANT MED CAL EXAMINER A.C.SDEPUTY MEDICAL EXAMINER Address (Street city, fown, or county) 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23d LOCATION (City of Town) 0 24. FUNERAL DIRECTOR 250 REC D BY REG STRAR REGISTRAR'S SIGNATURE VR A15ME (5) Miarley 6M 1/66





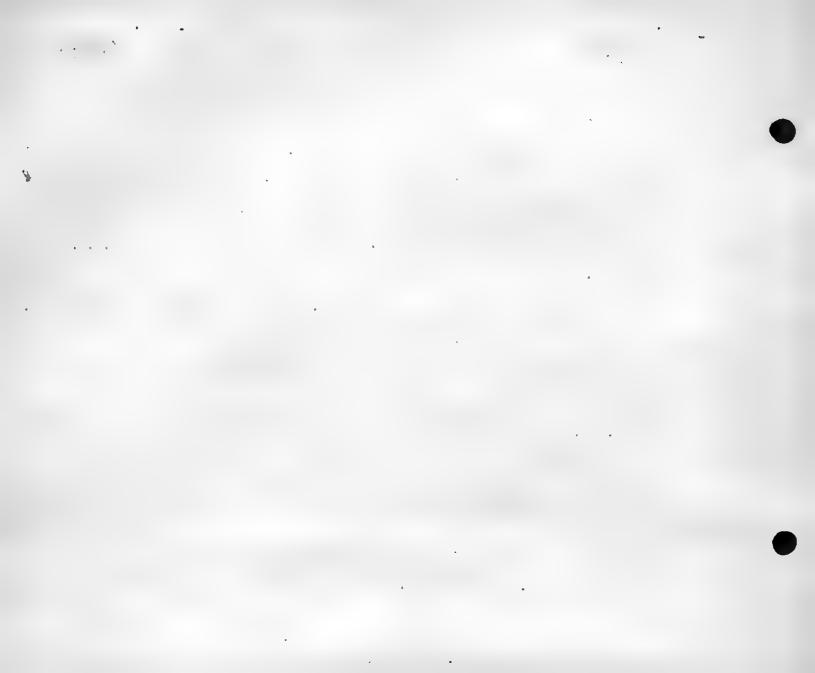
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1	•	3.0	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
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	I with	7111, W	OECEASED (Type or print) HARVEY, INWARDS DEATH OCT 3 1966		
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	ate hysi		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME		
	certification of the state of t	lower I	Alexander Edwards - Rosa PARKER.		
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	ATTENDING PERSONNEL PROPERTY AFF	with the	21. I certify that (I) (this hospital) attended the deceased from 1977 - 20, 1966, to 007 - 3, 1966, that (I) (we) saw the deceased alive on 007 - 3, 1966, and that death occurred at 200 M, from the causes and on the date stated about		
		E A	22a. SIGNATURE , 22b. DATE SIGNED		
	AL OR nay be	2	M.D. PHYS. DIRECTOR D		
	may may RAL D	B 1	22c. PHYSICIÁN'S  AME (Type)  22d. ADDRESS		
	O HOSPITAL Page 4 may O FUNERAL director, ma	B ,	Wm. Newcomer, M.D., Superintendent   Mount Wilson, Maryland		
	TO HOSPITAL Page 4 may TO FUNERAL director, ga	SHO	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State)		
		1.	24 FUNERAL DIRECTOR ADDRESS 1 25a, REC'D BY REGISTRAR 25b, REGISTRAR 3 SIGNATURE.		
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	Division of STATIS		PARTMENT OF HEALTH  W. PRESTON STREET, BALTIMORE, MA	RYLAND 21201
FOR STATE	13727		CERTIFICATE OF DEATH	13730
HEALTH ∕DEPK	D. COUNTY BALLEY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if in b.	shift on Residence befare admission)
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E 0	d. NAME OF HOSPITAL OR INSTITUTION (If no	ot in hospital, give street address)	d. STREET ADDRESS / Howil /	e. IS RESIDENCE ON A FARM? YES NO D
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1 24 hours I in Item 18 er's Office and 2 and 2 and 2 font	10a. US_AL OCCUPATION (Give kind of work done duping most of working life, eyen if retired)	10b KIND OF BUS NESS OR INDUSTRY	11 BIR DPLACE (State or fare gn country)	12 CTIZEN OF WHAY COUNTRY?
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be execute "pending" hief Medicai ansit perm.t	18 CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY IMMED ATE CAUSE	Rs - 22 22 2	ry Caclusion	NTERVAL BETWEEN ONSET AND DEATH
VER: This certificate should be executed within 24 hours ofter death. It certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, hould be forworded to the Chief Medica; Examiner's Office along with form esshould be used as a buriol-transit perm.; File pages land 2 with the State Deat, prior to burial, cremation, or removo, and in any yeart within 72 hours	Canditians, if any, which gave ) rise to immediate cause (a),	(b) Myocac	deil Dennie	elen 102/2
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o DEPUTY necessory, the funero 5 moy be 0 FUNERAL Health or i	23a BUR AL CREMATION, 23b DATE TH	ereof ( 23c Name of Cemetery or	Address (Street, city, town, or county)	or Town) A (County) (Stote)
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VR A15ME (5)\\ 6M 1/66	Un J. to helling	1-1101 VM. cull	DATE OCT 2 4 1966	Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the deoth certificate be executed within 24 haurs after death the attending parcyclian and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COJNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND C LENGTH OF STAY IN 16 c. CITY OR TOWN (If guitside carparate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside carparate limits, 49 DAYS BALTIMORE - 21230 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 441 E. GITTINGS STREET VETERANS ADMINISTRATION HOSPITAL Midd.e 4 DATE Manth 3. NAME OF First Year DECEASED (Type or print) MAMONS, JR. CLARENCE SAMUEL OCTOBER 66 19 DEATH IF UNDER I YEAR I IF JNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years last buthday) Months SEPTEMBER 13,1911 MALE WHITE and in any WIDOWED DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
CARPENTER COUNTRY? INDUSTRY CONSTRUCTION SALEM, NEW JERSEY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CLARENCE E. EMMONS MAE CHEESEMAN IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no artinknown) (If yes give war ar dates of service) 218 03 97 36 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CARCINOMA RIGHT LUNG Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse (O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the lost. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) director, page 3 shauld be detached for use shauld be filed with the State Dept, af Health SUPERIOR MEDIASTINAL ABSCESS NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o ACC, DENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at work 21 I certify that (1) (this haspital) attended the deceased fram 8/23/66 ta 10/11/66, 19\_\_\_, that 31) (we) last . 19 10/11/66 19 \_\_\_\_\_, and that death accurred at9:30AM, fram causes and an the date stated above. saw the deceased alive an-22b. DATE SIGNED 22g. SIGNATURE ATTENDING STAFF PHYS. X M.D. DIRECTOR 22d ADDRESS VAH FORT HOWARD, MARYLAND JOHN D. TALBERT, M. D. 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b DATE THEREOF (County) (State) BALTIMORE, MARYLAND BURIAL (Specify) BALTIMORE NATIONAL 10 14 66 25b REGISTRAR'S SIGNATURE 2So. REC D BY REGISTRAR 24 FUNERAL DIRECTOR harles VR A15 (4)



11/	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIA	AORE 1. MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
exection along ransit	IMMEDIATE CAUSE (6) Gunshot wound of head	-
2 2 2 3 3 4	To A DUE TO	
hould in in i	Conditions, it any, which (b)	
ding ser's as a ser's	(e), stelling the underlying DUE TO	
d "pen d "pen Examir e used		SIVEN IN PART 1(a) 19. WAS AUTOPSY
S p iii g iii	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GOT OF THE TERMINAL DISEASE CONDITIO	PERFORMED? YES NO 56
This world by world by crem	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)	) hand hand
MER: If	Shot sell the head	
Chiji Ma	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) lactory, street, office bldg., etc.)  White Not While lactory, street, office bldg., etc.)  Home	(County) (State)
EX.A.		Baltimore Md.
1, <u>3</u> 2 0 a	21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inqui	
Conification of the control of the c	death resulted from Natural causes . Accident . Suicide X. Homicide . Undetermined	manner [_]
A PASSA	ACTUAL CHIEF MEDICAL EXAMINER (X)	DATE SIGNED
AL Sur	SIGNATURE M.D	10/25/66
DEPUTY should be for FUNERAL if	Rudiger Breitenecker    Rudiger Breitenecker   Address (Street, city, town, or county)	10/23/00
DEP shoul FUN	22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tow	wn, or country) (Stete)
0 g 4 0 p	BURIAL 10/28/66 UNION CEM. BECHTELS	VILLE PA.
VS, A15ME	LOI GOMANDIA OI	Cliente Judes
5M 9/60	F.S. MACNABB SUPERICE RE DATE OCT 27 1966	Jelianes Judge
	OTT FUNERAL HOME BOYERTOWN PA.	***



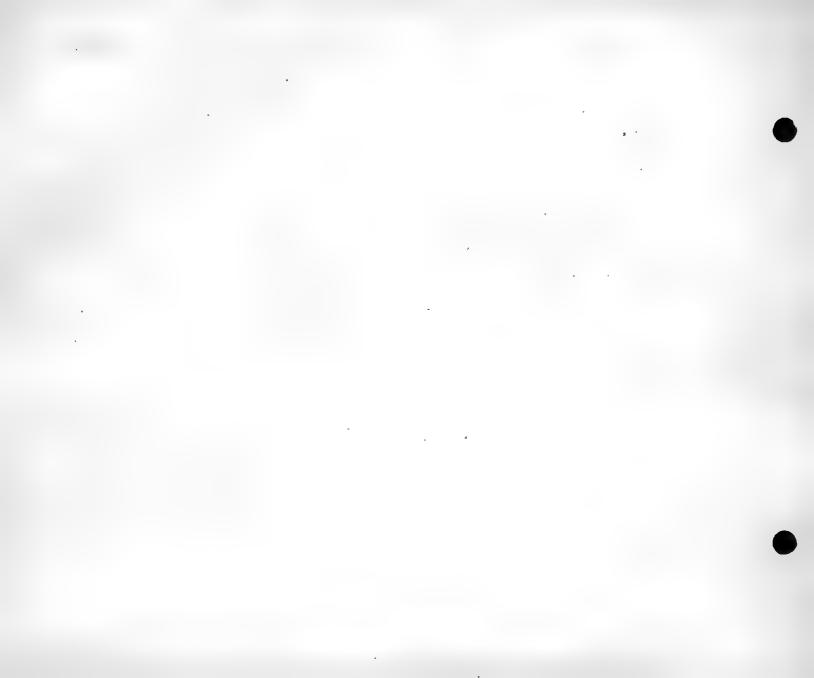
-	1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	MARYLAND
	h 2a t		13730 CERTIFICATE OF DEATH	1733
	24 hours after death. filled in by the meneal apers. Pages 1 and 2 n 72 hours after death.	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, It institution: F a. COUNTY // // PAGE OF DEATH D. COUNTY // PAGE OF DEATH D. CO	Residence before admission)
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	s af		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH CF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	and give nearest town)
_	hours 1 in by 5. Pag hours	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
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		3.	NAME OF FIRST MIDDLE Last (4. DATE Month	VES NO Day Year
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	uted con ove gve	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months   1/1/2   1	R 1 YEAR IF UNDER 24 HRS.
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	icate be physician in please val, and	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	3//
	rtific ing p Then imov		MONTGOMERY B. CORKRAN NELLIE B. STRAHAN	
	w requires that the death certificate be ending physician. Is been signed by the attending physician is the burial-transit permit. Then please rior to burial, cremation, or removal, and it	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown)   (If yes give mar or dates of service)	
	death e ath	<u> </u>	Alo NOME FAMILY RECORDS	
	he y the sit		18. CAUSE OF BEATH [Enter only one cause per life for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	hat t cian ed b ed b tran	Ш	IMMEDIATE CAUSE (a) LAWRENCE CAUSE (b)	
	es t sign sign urial urial	Ш	Conditions, if any, which } DUE TO (Moriosclerosis)	
	requires that the ding physician. been signed by the burial-transit to burial, crema or to burial, crema	Ш	gave rise to Immediate cause (a), stating the DUE TO	
	attending physician. attending physician. has been signed be as the burial-tran h prior to burial, cre		underlying cause last. (c)	
		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	PERFORMED?
	CIAN: The ospital or a certificate hed for use to Health t. of Health	瞳	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18	YES NO
	ospi cerl cerl hed t. of	E E	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18 OR CONTRIBUTING   CAUSE OF DEATH   (If EITHER, NOTIFY MEDICAL EXAMINER)	,
	PHYSICIAN: The the hospital of the hospital of this certificate detached for unterpreted for the best.	MEDICAL		unty) (State)
	d by t After d be d		Hour a.m.  While Not While at work at work	
	O HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the host O FUNERAL DIRECTOR. After this ce director, page 3 should be detache should be filed with the State Dept.	П	21. I certify that (i) (this hospital) attended the deceased from LUG 10, 1964 to CC 30, 196	
	t ATTENI retaine IECTOR: 3 should with the	Ш	saw the deceased alive on 1966, and that death occurred at 14 m from the causes and on t	the date stated above.
	OR DIRE	П	LAUVULCE M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	10/31/66
	TAL may AL C		226. Physician's NAME (Type)	1 -1/20 WA
	Page 4 may O FUNERAL I director, pa		AMENCE (103) 1000 CASA PU JAMEN	E 21212 110
	Page Page TO FUN direct should	23a	REMOVALASpecify 1/ 1/2/1/2/ / C 4	ounty) (State)
		24	QUILD THE SHEVWOOD CEMETERY COCKETS UNITED TO BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	'S SICNATURE
	VR AI5 (4)		John Burner Sons, Towson, Wed DATE NOV 3 1986 golian	Men Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o COUNTY Maryland Baltimere Baltimore County Department b CIY OR IOWN (If outside corporate I mits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) and 21205 Baltimore 109 days Wilson Mount a NAME OF HOSPITAL OR INSTITUTION (If not in haspital, a ve street address) d. STREET ADDRESS e 15 RES DENCE ON A FARM? haurs 801 N. Eden Street Mount Wilson State Hospital NO 17 3 NAME OF DATE Year DECEASED 10 166 Evans within Type or print James DEATH with S SEX IF UNDER 24 HRS FUNDER 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 65 birthdoy) Months Hours 12/31/00 colored WIDOWED DIVORCED Item ] The ... SUAL OCCUPATION (Give kind of work done BIRTHP\_ACE (State or foreign country) TOP KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)

Junk collector Georgia business Examiner's 13 FATHER S NAME This certificate shauld be executed within pencil Mattie Macaby George Evans IS WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMANT 16 SOCA, SECURTY NO (Yes, no, or unknown) ((If yes give wor or dates of service) permit 218-12-6856Records - Mt. Wilson St. Hospital No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: ONSET AND DEATH Bronchogenic Carcinoma Ь MIMEDIATE CAUSE (o) vear s a burial-tra crematian, c writing the ward DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse 8 burial, a PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? Pulmonary Tuberculos9s NO X 20g EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of incry in Port 1 or Port 1 of item 18) 3 shauld Fell out of bed CAUSE OF DEATH 20d NJURY OCCURRED 20e. PLACE OF INJRY (Home, form (City or fown) (County) (Stote) Hospital 86m Not White may be retained far yaur FUNERAL DIRECTOR: Page Baito. Md. Wilson. please execute ot work of work 21 I certify that I taak charge of the remains described above, held an Autopsy [ ], Inspection X InquiryX ... and in my apinian Notural couses Undetermined manner the funeral directar. death resulted from: Accident . Suicide Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER \_\_\_ SIGNATURE O DEPUTY 10/11/66 DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** Caples, D.D. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREO! BURIAL CREMATION. (Stote) 50 REMOVAL (Specify) 24 FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) 6M 1/66



1 (1/1)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
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s aff	write RURAL and give nearest town)	TH OF STAY IN 1b C CITY OR TOWN (If outside corporate limi	its, write RURAL and give nearest town)		
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Aithir Ify fii Muth	3 NAME OF First DECEASED	Middle Lost 4. DATE OF	Month Doy Year		
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law requires that the death certificate be executed within 24 nding physician. been signed by the attending physician and campletely filled is the burial-transit permit. Then please remave carban paperior taburial, crematian, ar remaval and in any event, within 7.	S. SEX 6 COLOR OR RACE 7 MARRIED NE	G G /s / / lost	birthdoy) Months Doys Hours Min  2 yrs.		
and and in au	10o JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				
ate Card I	WATCHMAN OULLE	ed YORK CO.	PA USA		
the plays	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	601.1		
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ne death certificate be ex attending physician and permit. Then pleose rem ian, ar remaval and in an	(Yes, no, or unknown) (If yes give wor or dates of service)	1.0	NKLIN LORRAINE		
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ding ding seen the orta	Host. (c)	Ele			
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PHYSICIAN: The haspital or at his certificate has sertificate haspached far use Dept, of Health	OR CONTRIBUTING CAUSE OF DEATH	DW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of	item 18 )		
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TTENE Sined OR: A OR: A	saw the deceased alive on	19 6, and that death occurred at Z. FOM, from	m causes and on the date stated above.		
OR ATTENE be retained DIRECTOR: A je 3 shauld ed with the	220 SIGNATURE	M.D. ATTENDING MED. DIRECTOR DIRECTOR	STAFF PHYS  22b. DATE SIGNED  27b. DATE SIGNED		
ral o or be or be page e filed	22c PHYSICIAN'S CIL UN PT TO	22d ADDRESS	rnis [] /// / / /		
SPITA 4 mar 4ERAL ar, Par	NAMERTYPE JOGN SAR SAR	Minus pags and m			
Page 4 may be retained by the h O FUNERAL DIRECTOR: After this director, page 3 shauld be detac should be filed with the State Day	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. N BEMOVAL (Specify)   C / 1 / 6 C	TAME OF CEMETERY OR GREMATORY 23d. LOCATION	(City or Town) (County) (Stote)		
		ADDRESS 250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE		
VR A15 (4) 20 M 1/66	your of Connelly soms	. Essel, ned DATE OCT 14 19	66 Scharles Judge		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE **b** COUNTY BALTIMORE MARYLAND ve carban papers. Pages I event, within 72 hours after MARYLAND requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) ave negrest town) 25 DAYS BALLIMORE HOWARD d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) attending physician and completely filled in permit. Then please remave carban papers. VETERANS ADMINISTRATION HOSPITAL 2601 Madison Avenue NO 2 3 NAME OF Middle DATE First Last Month Year Day DECEASED HARRY FAY OCTOBER G. 3 19 66 (Type of print) DEATH SEX 6 COLOR OR RACE DATE OF BIRTH AGE ( n years IF UNDER YEAR IF UNDER 24 HRS 7. MARRIED A NEVER MARRIED last-birthday) Months Haurs FEBRUARY 28,1893 MALE WHITTE DIVORCED burial, crematian, ar remaval, and in any WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS NESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT U.S.A? during mast of working life, even if retired) INDUSTRY BALTIMORE, MARYLAND MANAGER APARTMENT HOUSE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GEORGE FAY BERTHA EISEMAN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dotes of service) 212 10 23 37 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PANSET AND DEATH PART I DEATH WAS CAUSED BY-PULMONARY EDEMA IMMEDIATE CAUSE (a). Page 4 may be retained by the haspital ar attending physician. DUE TO MONTHS Canditians, if any, which gave LEFT CEREBRAL THROMBOSIS rise to immediate cause (a), DUF TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta UNKNOWN GENERALIZED ARTERIOSCLEROSIS 1ast WAS AUTOPSY PERFORMEQ? PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES X NO 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF FITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at wark at wark 9/0/60 . 19 19\_\_\_, that HF (we) last 21. I certify that (1) (this hospital) attended the deceased from. . ta , and that death accurred aft 1:20 MA from causes and on the date stated above. 3/66 19 saw the deceased alive an-22b. DATE SIGNEO 22o. SIGNATURE ATTENDING 10/4/66 M.D. **OIRECTOR** PHYS. 22d ADDRESS 22c PHYSICIAN'S DUDAS, M. GEORGE NAME (Type) VAH FORT HOWARD, MARYLAND 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. ¿OCATION (City or Town) (County) (State) 230. BURIAL, CREMATION, BURIAL (Specify) HEBREW FRIENDSHIP CEMITERY BALTIMORE, MARYLAND 10/5/66 25b REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4)1-3 LEVINSON 20 M 1/66



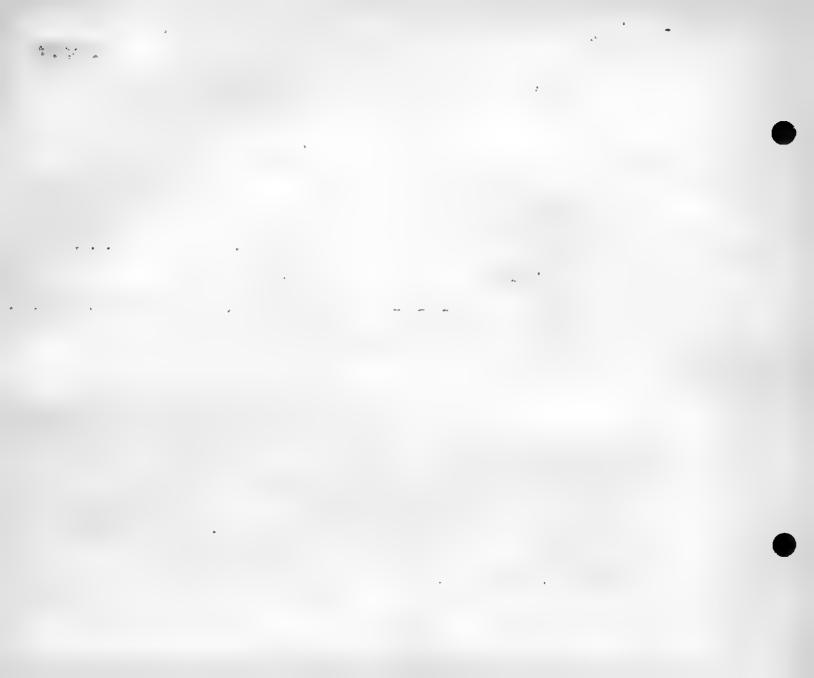
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) MARYLANO CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b TDWN (If outside corporate limits, write RURAL and give nearest town) 2 Ξ ve carbon papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE YES completely NAME DE DATE DECEASED (Type or print) DEATH 19 executed 6. COLOR OR RACE | OATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. remove 7. MARRIED NEVER MARRIED 8. in any DIVORCED Jhen please re removal, and in 10a. USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 15 certificate FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCEST ed by the attent transit permit. death (Yes, no, or unknwn) | (If yes give war or dates of service) been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician, signed l **DUE TO** Conditions, if any, which gave rise to immediate OUE TD cause (a), stating the as th prior 1 underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health i PERFORMED? Ateriosclarot ic ARCHOURSCULAR Myseardial Internation YES [ PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DEATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, ) (State) 20f. (City or town) (County) Hour a.m. factory, street, office bldg., etc. After Id be d While Not While at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from 19 66 that 47 (we) last M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. OATE SIGNED director, page should be filed ATTENDING M.O. **OIRECTOR** PHYS. Page 4 may O HOSPITAL TO FUNERAL PHYSICIAN'S 22c. AODRESS NAME (Type) 23a. BURIAL, CREMATION, NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) 10/8/66. Fairview Cemetery Martinsburg, Pa. REC'O BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Balto. VR AL5 (4) 20M 1/65



	1	Division of STATISTICAL	MARYLAND STATE DEF RESEARCH AND RECORDS, 301		ORE, MARYLAND 21201
. ( )		13735	CERTIFICATE		13738
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the law requires the attending physician has been signed by se as the burial-tra h prior to burial, cre		rise to immediate couse (o), stoting the underlying couse lost. (c)	Bomelicanu	un mia.	
	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB			IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO
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IG PHYSIC the hospi ir this certi detached ite Dept. o	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED 20e PLACE While Not While focto of work of work	E OF INJURY (Home, form, 20f. ry, street, office bldg, etc.)	(City or town) (County) (Stote)
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OR ATTENDING be retained by 1 DIRECTOR: After ge 3 should be 1 led with the Stat		220. SIGNATURE M.	Cellis 2007 MD	ATTENDING MED. PHYS DIRECTOR [	STAFF 22b. DATE SIGNED
D HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the hos FUNERAL DIRECTOR: After this ce director, page 3 should be defacthe should be filed with the State Dept.		22c. PHYSICIANS ANSKAMO	M Allikago	8155 Loch 1	Baven Blud. Md.
O HOSPITAL Page 4 may O FUNERAL director, pag should be fill	230	BURIAL, CREMATION 23b. DATE THEREOF,	966 Codar BI	REMATORY) 23d. 100	ATION (City or Town)  NATION (City or Town)  NATION (County)  Market
VR A15 (4) 20 M 1/66	24	John M. Taylol.	Sons angele	- Malase OCT 2 1	R Sb. REGISTRARS SIGNATURE 1956 Milanes Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13736 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission o COUNTY **b** COUNTY o STATE Maryland Baltimore papers. Pages I in 72 haurs after MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore 9 Hours Fort Howard filled in [ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RES DEN ON A FARM? 1:021 Elmora Avenue Veterans Administration Hospital 3 NAME OF Middle Lost 4. DATE Month Year DECEASED LE ROY FIELDS OCTOBER 66 CHARLES 3 19 (Type or print) DEATH S SEX 6. COLOR OR RACE 7. MARRIED B DATE OF BIRTH 9. AGE (in years IF JINDER YEAR IF UNDER 24 HRS **NEVER MARRIED** 70 birthdoy) Months Hours 10/12/95 WIDOWED DIVORCED White Male TDo USUA, OCCUPATION (Give kind of work done IDE. KIND OF BUSINESS OR 11. 81RTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore, Maryland Bar Tender Tavarn 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Margaret Meyers Charles Fields WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Clinical Records, VA HOSPITAL, FT. HOWARD, MD. Turial, cremation, ar 217-12-96-26 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per fine for (e), (b), and (c) ) burial-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH ARTERIOSCIEROTIC HEART DISEASE WITH OLD IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. MYOCARDIAL INFARCTION DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO has been sise as the the stoting the underlying couse lest WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Health CEREBRAL THROMBOSIS RIGHT MIDDLE CEREBRAL ARTERY. OLD YES K NO this certificate 20o. ACCIDENT WAS UNDERLYING [ 205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH of o (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c TIME OF INJURY Month, Dov. Year 2DJ INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stota) (County) Hour o.m. foctory, street, office bldg., etc.) While Not While at work ot work 19 **66** , to . 19 66, tho 2(1) (we) last 21. I certify that (I (this haspital) attended the deceased fram 10/2 1966 and that death accurred at \$15A.M. from couses and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive on 10/3 226. DATE SIGNED 10/3/66 22o. SIGNATURE PHYS. DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS . DEOCAMPO. NAME (Type) VA HOSPTTAL FORT HOWARD. MARYTAND 230. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 10/6/66 BALTIMORE NATIONAL BALTIMORE. MARYLAND 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 FUNERAL HOME Brehms Lane



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13737 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death completely filled in by the function PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY BALTIMORE **b** COUNTY o. STATEMARYLAND BALTITMORE MARYI AND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) CATONSVILLE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 8. IS RESIDENCE ON A FARM? RIDGEWAY MANOR NURSING HOME 1933 VICTORY DRIVE 21227 YES NOXIX remove carbon 3. NAME OF First Middle cost DATE Manth Day Year DECEASED OCTOBER HELEN F. FLEISCHER 27. 19 66 (Type of print) DEATH AGE (In years IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH IF JNDER **NEVER MARRIED** last birthday) Manths Hours JANUARY 23, 1886 FEMALE WHITE WIDOWED XX DIVORCED 10b, KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of wark done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT ense MARYT AND 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova **EDWARD** GILBERT THERESA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ь 218-05-4482 MR. WILLIAM N. FLEISCHER, 1933 VICTORY DRIVE cremation. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burral-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DIJE TO Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying couse the hospitol or ottending hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health NO this certificate 20a ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of ifem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF E)THER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Day, Year (City or fown) Hour a.m. factory, street, affice bldg, etc.) Not While at wark at work O FUNERAL DIRECTOR: After O HOSPITAL OR ATTENDIN Page 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased from G and that death accurred at 5 / M, fram causes and an the date stated above saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED M.D DIRECTOR PHYS. pode e 22d. ADDRESS 22c PHYS.CIAN'S WILLIAM GOODMAN 1334 SULPHUR SPRING ROAD NAME (Type) director, shauld b 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BURIAL (Specify) LOUDON PARK CEMETERY BALTIMORE MARYLAND 10-31-66 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR OWARD H. HUBBARD, 4107 WILKENS AVENUE 21229 1946

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence being b. COUNTY BALTO a. COUNTY a. STATE BALTIMORE MD. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

DUNDALK c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) may LIFE DUNDAL K the d. STREET ADDRESS o. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) delay is ind 3 to 1 226 DETROTT DETROTT AVE. AVE. YES ! ND A 3. NAME OF Flest Middle Year DECEASED (Type or print) JOSEPHINE SUHRIEFER FRAZIER DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 2 with last birthdey) | Months | Davs Hours FEM. WIDOWED ! DIVORCED ! event 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS DR BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? USA MARYLAND NSPECTOR DISTILLERY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME M. PRASCH FDW J SCHRIEFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 17. INFORMANT 16. SOCIAL SECURITY NO. Address SEE NO. (Yes, no. or unknown) ((If yes give war or dates of service) emoval. certificate should be executed within itim the word "pending" in pencil i led to the Chief Medical Examinar's permit. 218 NOINTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating 63 used as a to burial, underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ND F YES [ INDURYNOCEURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS DESCRIBE PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 둺 703 3 should agent, p MEDICAL 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE DF INJURY (Home, farm, ) (State) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 12 and in my pointon Undetermined manner Homicide death resulted from: Natural causes Suicide CHIEF MEDICAL EXAMINER Your ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 0 for DEPUTY MEDICAL EXAMINER FUNERAL Health **EXAMINER'S** Address Stoet ony town M director. retained NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION. REMOVAL (Specify) 00 Belair Belair Mem. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 1966 VR A15ME DUNDALK 35D0 4-64

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N. I	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE		< 9 PT / 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH				
HEALTH DEPTO		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, f institut an Re	esidence befare admiss an)			
5 t 8 t € -		a COUNTY Baltimore MARYLAND	Maryland b COUNTY B	altimore			
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delay is 2, and 3 to 1 PM3. Page epartment of after death.		write RURAL and give nearest tawn) Essex (21)		12,1			
2,2 g		d NAME OF HOSPITA. OR INSTITUTION (finat in haspital give street address)	d STREET ADDRESS	e 15 RES DENCE			
oth It a., y delay is vages 1, 2, and 3 to the form PM3. Page Stote Department of 2 hours after death.		1508 Eastern Blvd. (Street)	335 Maple Avenue	YES NO			
4 e & -e	3	NAME OF OFCEASED (Type or pr nt)  Petu P Middle TA	dast 4 DATE Manth	Day Year			
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ν α α × α × α × α × α × α × α × α × α ×		Male White WIDOWED DIVORCED	Aug. 27, 1910   last birthday)   Man				
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		Machinist Aircraft Mfg. Co.		USA			
within pencil xomine le pag	13		14. MOTHER'S MAIDEN NAME				
d with per Exor	15	George Friedel  WAS DECEASED EYER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17.	Magdaline Kraus				
executed nding" ii Medical permit.	(ÿ	es, no, ar unknawn) ((If yes give war ar dates af service)	ngelene Friedel Same				
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ote should be execute g the word "pending" ed to the Chief Medical o buriol-fronsit permit cremation, or removal,		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Decide We	vandeal mhacky	ONSET AND DEATH			
uld ord on,		420/ DUE TO C. 1	T 11 1 1 1 -				
sho o th o th		Canditians, flony which gave (b) rise to immediate cause (a),	c pear Disease	6			
o to tree		stoting the underlying cause DUE TO					
iffico iting arde arde ial, c		last. (c)					
INER: This certificate should be executed within 24 in certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's files.  3 should be used as a burrol-transit permit. F le pages int, prior to burial, cremation, or removal, and in any	MEDICAL CERT FICATION	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CONDIT ON GIVEN IN PART (a)	19 WAS AUTOPSY PERFORMED? YES NO			
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AL EXALEXALE.  AL EXALE  TOR: Poge  TOR: Poge		21 I certify that I taak charge of the remains described above, he	eld an Autapsy [], Inspection [], Inquiry	and in my opinion			
MEDICAL lease exe director. P director. OIRECTOR			cide , Homicide Undetermined manner				
Media please direct retoine DIREC is design			CHIEF MEDICAL EXAMINER				
ple ple reto		SIGNATURE TURO C. Tallersa	M D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED			
TO DEPUTY MEDICAL EXAM necessary, please execute if the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated against the statement of the state		EXAMINER'S DA HONGALI	DEPUTY MEDICAL EXAMINER	10/10/66			
DEF cess e fu moy FUN	00		Main Addres (Shehhhharkor 22nty) Md.	7 7 7 7			
5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ±	230	BURIAL CRÉMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR SACRED Heart of		(County) (State)  • Maryland			
- 0		FIMERAL DIRECTOR ADDRESS	250 REC D BY REG STRAR 256 REGISTRA				
VR A15ME (S)		uzdzinski Funeral Home 1407 Eastern Ave		layler Jules			



20 I	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
= = ~= =	1	13741 CERTIFICATE OF DEATH					
hours after death.  d in by the funeral rs. Pages 1 and 2 thours after death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE a. COUNTY a. STATE	E (Where deceased lived, If institution: hesidence before admission) b. COUNTY				
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s at by the sage is an instantial to the sage in		write RURAL and give nearest town)	outside corporate limits, write RURAL and give nearest town)				
noun lin s. F		Baltimore  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	timore 6. IS RESIDENCE				
75 6 6			est Garden Avenue YES NO				
vithin 24	3.	NAME OF First Middle Last	4. DATE Month Day Year				
Gcate be executed within physician and completely en please remove carbon oval, and in any event, with	1	(Type or print)  Ben (Benjamin) Friedman	DEATH Ocotber 14, 1966				
xecuted and com remove (	5,	SEX 6. GOLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.				
and and remo	10	Male White WIDOWED X DIVORCED Y	ounty & State, or foreign country)   12. GITIZEN OF WHAT				
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icate be e physician please in val, and in	13	Tailor Retired Russ 3. FATHER'S NAME 14. MOTHER'S MAIL					
Circle of Then Temova		Abraham Friedman Sarah	?				
<b>医</b>	15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (es, no, or unknown) ((fyes give way or dates of service))	Address				
eath att	L	No Unknown Mrs. Frances	Diskin, 3630 Forest Garden Ave.				
res that the death physician. I signed by the attenburial-transit permit. burial, cremation, or		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MYOF REAL PLANTAGE OF THE CAUSE OF THE CAUS	INTERVAL BETWEEN ONSET AND DEATH				
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require ding pi been the the bu		gave rise to immediate cause (a), stating the DUE TO					
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PHYSICIAN: The the hospital or a this certificate detached for use E Dept. of Health	CERT	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of OR CONTRIBUTION 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
NG PHYSICIAN by the hospi ifter this cert be detached State Dept. of			arm, 20f. (City or town) (County) (State)				
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E 2 4 5 %	-	21 I certify that (I) (this hospital) attended the deceased from					
ATTENDI Tetained ECTOR: A 3 should with the S			370 M, from the causes and on the date stated above.				
OR ATTENI y be retained DIRECTOR: age 3 shoul		228. SIGNATURE SILLIA S	MED. STAFF 10.15-60				
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DSPI e 4 JNER JNER	_	Vancel barac 3600 Loc	hearn Drive #7				
TO HOSPITAL OR Page 4 may be for EUNERAL DIRE director, page should be filed by	23	9a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)	23d. LOCATION (City, town or county) (State)				
2 - 8	20	Burual 10/16/66   Shall Jacob	Baltimore, Maryland C'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE				
VR A15 (4)	V	Sol Levinson & Bros. Inc. 6010 Reisterstown DATE C	CT 20 1966 golianles Judge				
15M 4-64		The state of the s					

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH DEATH 1tems 15,14,16 CERTIFICATE death. ond physician and campletely filled in by the funeral en please remove carban papers. Pages 1 and 2 USUAL RESIDENCE (Where deceosed lived, if institution. requires that the death certificate be executed within 24 haurs after deat PLACE OF DEATH Residence before admission V o. COUNTYRel timore a STATE MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Baltimore Towson d. STREET ADDRESS 6201 Loch Raven Boulevard d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENC ents within 72 ON A FARM? St. Joseph's Hospital NO NAME OF First Middle 4 DATE Lost Manth Dov Year DECEASED FROEHLICH 19 66 Charles October 17 (Type or print) DEATH FUNDER 1 YEAR IF UNDER 24 HRS. SFX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthday) Months Dovs Hours 11-21-88 Male White WIDOWED DIVORCED 1Db KIND OF BUSINESS OR 12. CITIZEN OF WHAT IDo USUA, OCCUPATION (Give kind of work done 11 BIRTHP.ACE (County & State, or foreign country) during most of working life, even fretired)

C P A - self COUNTRY? INDUSTRY Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Conrad or remayal, Froehlich Carl Dorothy IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Mr. Charles J. Froehlich Chapel Court (Yes, na, or unknown) (If yes give war or dates of service) 212-36-7644 INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (ο), (b), and (ε) ) signed by the burial-transit p ONSET AND DEATH PART ! DEATH WAS CAUSED BY: Cerebral Hemorrhage IMMEDIATE CAUSE (o) DUE TO Hypertensive Vascular Disease Conditions, if any, which gave ) rise to immediate couse (o). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K YES 🗔 far 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) Page 4 may be retained by the hospital 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) Hour o.m. Nat While of work at work 19 00 Oct. 17 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at 10 PM, from causes and an the date stated above. saw the deceased alive an 22a SIGNATURE 22b. DATE SIGNED ATTENDING PHYS 10-17-66 Lamos PHYS. DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Lopez NAME (Type) Ramon 7620 York Road - Towson, Md. 21204 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 10/20/1966 Parkwood Cemetery Baltimore, Maryland
REGISTRAR 256 REGISTRAR'S SIGNATURE 2So. RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 8 1966



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3762 and 2 death. de se PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after MARYLAND by the CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours w sor WEEKS .⊑ bon papers. within 72 ho filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET APPRESS e. IS RESIDENCE ON A FARM? NO X YES within letely 3. NAME OF carbon DATE Middle Last Month Day Year and con-gemove carbon event, v DECEASED OF (Type or print) DEATH 19 executed AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. SEX 6. COLOR OF RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED Months | Days Hours WIDOWED V DIVORCED Ę 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þ during most of working life, even if retired) INDUSTRY COUNTRY? SECRETARY ENTAL death certificate 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME attending remit. They THA CKER Samuel en ale ta ed by the attend transit permit. cremation, or ru 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address. 0 (Yes, no, or unkown) | (If yes give war or dates of service) NO-AMUE manium SD. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) much DUE TO ielus Caremonia Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th prior underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY this certificate I stached for use Dept. of Health use for use Health PERFORMED? YES T NO T CERTII 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work retained Q 194 5 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the A saw the deceased alive on. and that death occurred at ....M. from the causes and on the date stated above. 22a. SIGNATURE DATE 22b. page DIRECTOR M.D. PHYS. for FUNERAL director, pa 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) 0 BURIAL, CREMATION, 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Soecify) FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b/ 50 VR A15 (4) DATE 20M 1/65



1	1	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
FOR S	TATE	13744 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12740						
HEALTH	DEP	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)						
_		Baltimore Maryland Maryland						
funeral may be	Department after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town)  c. LENGTH OF STAY IN 1b write RURAL end give nearest town)						
<u>=</u> 0	part er d	Sparrows Point  d. Name of Hospital or Institution (if not in hospital, give street eddress)  d. Street Address  d. Street Address  e. Is residence						
98 57.	s aft	ON A FARM?						
y delay and 3 to 53. Page	State hours	3. NAME OF First Middle Last   4. DATE Month Oay Year						
2, ar	the 72	GAIL OF DEATH 10 12 19 66						
th. If a ges 1, form I	ithin mit	(Type or print)  Gilbert H. GATL BEATH  5. SEX S. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH  Male White WIDOWED OLYGROFF O OLYGRO						
death.    Pages  ith form	0.3	113.						
er er Wie	and and event	106. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  106. KIND OF BUSINESS OR LIFE BUSINESS OR STORED LIFE BUSINESS OR L						
s aft 8. G	ges I	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
hour em 1	C.Supple	William F. Gail Annie Dressel						
24 ii 24 0 iii 24 0 i	File I, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, No ar unhown) (If yes give war or dates of service) 213-09-0970 Mrs. Ruth K. Gail (Same)						
ithin ncil	permit. I	213-09-09/0 1-15-5 Total II-15-5 Total II-15						
ecuted within 24 hours aft ng' in pencil in Item 18. G al Examiner's Office along	it pe	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ACULG OCCUSION. COTONOMY ONSET AND OEATH						
EXAMINER: This certificate should be executed certificate, writing the word "pending" in ould be forwarded to the Chief Medical Exam	a burlal-transit i cremation, or i	4201 DUE TO D. (						
se ex endi	riati	conditions, if eny, which (b) Correspondence flow Stock						
d "d	a bin	cause (e), steting the DUE TO						
Short Short	urial	TO WAS AUTOPEV						
ificate should be execut g the word "pending" to the Chief Medical	used as a to burial,	YES NO P						
ER: This certificate, writing forwarded to	3 should be agent, prior	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH.						
his r wri	it boul							
NER: The ficate, be forw	20 00 00 00	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at work at work						
CAMINE certific ald be	CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection						
EXAM ce cert should	esign Period	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner						
4	NECTOR:	ACTUAL TO COLOR OF THE SIGNED ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED						
MER Recutt Page		SIGNATURE DEPUTY MEDICAL EXAMINER 10/12/1/4						
OUTY tor.		EXAMINER'S Address (Street, city, town, or county)  Address (Street, city, town, or county)						
O DEPUTY please ex director,	O FUNE Of Heal	23a. BURIAL CREMATION, 23b. Date THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMANULISPE (17) 10/15/66. Moreland Memorial Cem.  Baltimore, Md.						
= -3.	F	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE						
VR A	15ME (5)	Leonard J. Ruck Inc. Balto. Md. 21214 OATE OCT 13 1966 Junge						
4.71	1/40							

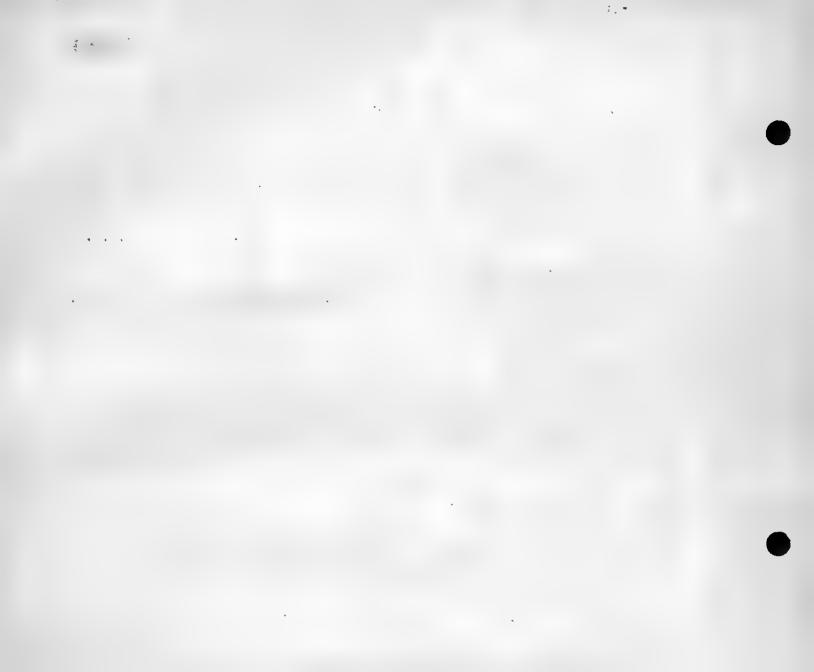


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13745 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY Baltimore o STATE Maryland o. COUNTY Baltimore MARY, AND b CITY OR TOWN (If outs de carporate limits write RURAL and give nearest town) r LENGTH OF STAY IN 1h c CHTY OR TOWN (If outside carparate limits, write RURAL and give nearest town) and within 72 haurs after 10 Mins. Towson Lutherville d NAME OF HOSP TAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS S RESIDENCE ON A FARM? er's Office alang with farm Towson Plaza Charmuth Road in Item 18. Give Pages No X 3 NAME OF First Middle Last 4 DATE Month Day Year DECEASED Gladvs Gailev Oct. 19 66 (Type or print) DEATH S SEX 8 DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARR ED NEVER MARRIED last birthday) Months WIDOWED DIVORCED Female event 100 USUAL OCC-PATION (Give kind of work done 10b. KIND OF BUS NESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRY? INDUSTRY In any Lichigan Housewife home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edith Dawson File Russ Chammuth Road 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT This certificate should be executed e, writing the word "pending" i farwarded to the Chief Medical or remayal, (Yes, na, ar unknown) (If yes give war or dates at service) Lutherville, Md. Jane\_Gailey NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, crematian, DUE TO Canditions, flony which gave nse ta immediate cause (a), stating the underlying couse last. 19 WAS AUTOPS PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) PERFORMED? YES [ NO please execute the certificate. Health ar its designated agent, prior to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of nory in Part I or Part II of tem 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c T ME OF INJURY Month, Day, Year factory, street, office bldg, etc.) Not While at wark at work 21 I certify that, I taok charge of the remains described above, held an Autopsy Inspection -Inquiry [7], and in my apinion death resulted from Natural causes Accident Suicide | Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22: DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Charles F. O'Donnell, N.D. Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Bethel Madonna. Maryland 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 250 RECD BY REGISTRAR VR A15ME (5) Jarrettsville. Md. Charles E. Kurtz 1966 DATE 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13746 CERTIFICATE OF DEATH nd completely filled in by the funeral emove carbon popers. Pages 1 and 2 any event, within 72 hours ofter death. The low requires that the death certificate be executed within 24 haurs after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) **b** COUNTY a. COUNTY BALTIMORE o. STATE MARYLAND MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn) 8 DAYS BALTIMORE FORT HOWARD d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? 1305 FREMONT AVENUE VETERANS ADMINISTRATION HOSPITAL Кои 3 NAME OF Middle 4 DATE Month remove carbon First Last Day Year OF DECEASED OCTOBER 66 GAINES WESLEY 19 (Type or print) DEATH 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE NEVER MARRIED X 7. MARRIED rthday) Hours JANUARY 11,1908 NEGRO DIVORCED MALE WIDOWED 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR COUNTRY during most of working life, even if retired) BARBER SHOP physicion VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or remov LENA PORTER EDDIE GAINES IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address burial-transit permit. (Yes, no, or unknown) (If yes give war ar dates af service) CLIN. RECORDS. VA HOSPITAL. FT HOWARD. MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter day one cause per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY CONGESTIVE HEART FAILURE WITH MYOCARDIAL INFARC signed by IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. **PUNERAL DIRECTOR:** After this certificate has been signed by DUKBOX BRONCHOGENIC CARCINOMA RIGHT LUNG UNKNOWN Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause d for use as the of Health prior to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WEDICAL CERTIFICATION YES X NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20c TIME OF INJURY Manth, Day, Year factory, street, office bldg, etc.) at wark ta 10/11/00 19 21. I certify that # (this haspital) attended the deceased from 10/3/66 \_\_\_, that AS (we) last 10/11/66 19 and that death accurred at 2:20PM, fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a SIGNATURE STAFF PHYS. 10/12/66 " M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S VAH FORT HOWARD, MARYLAND F. AWALT, JR., M. D. NAME (Type) LAWRENCE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION 23b DATE THEREOF BALTIMORE, MARYLAND REMOVAL (Specify)
BURIAL BALTIMORE NATIONAL ADDRESS 25b. REGISTPAR'S SIGNATURE 2So REC'D BY REGISTRAR



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
PE WE.		13747 CERTIFICATE OF DEATH 13751					
er death.	1.	PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE  MARYLAND  MARYLAND					
urs aftu n by th Pages ours aft		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  Garrison  37 da.  Balto: 2/230					
24 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  Toy leigh Connalescent Hone 2219 Breman St.  On a FARM?  YES NO 2					
ding physician and completely Then please remove carbon removal, and in any event, with	3.						
certificate be executed within nding physician and completely . Then please remove carbon removal, and in any event, with	5.						
be exician a sician a and in a	10: du	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)  10b. KIND OF BUSINESS OR  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  COUNTRY?  U.S.A.					
Afificate Rifficate ng phys Then pli		EWIS ROSA ANN MCLAUGHLIN					
attendi rmit. I	15 (Y	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  16. SOCIAL SECURITY NO. 17. INFORMANT Address  17. INFORMANT ADDRESS ACCUSED AND ADDRESS ADDRESS ADDRESS AND ADDRESS					
DING PHYSICIAN: The law requires that the death certified by the hospital or attending physician.  After this certificate has been slighed by the attending do be detached for use as the burial-transit permit. Then a State Dept. of Health prior to burial, cremation, or remo		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Hepatic Failure  IMMEDIATE CAUSE (a)					
PHYSICIAN: The law requires that the hospital or attending physician. This certificate has been signed by detached for use as the burial-transe bept. of Health prior to burial, or the contranse.		Conditions, If any, which by Circhesis of Lisen Months					
v requi		gave rise to immediate cause (a), stating the underlying cause last.  Cause (a) A Colio					
The lay or atte to cate has a r use a r use a eaith pu	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO					
ICIAN: nospital certifi certifi certifi certifi certifi		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
ig PHYS by the l ter this se deta	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour a.m. While Not While at work at work at work					
OR ATTENDING De retained by HIRECTOR: After ge 3 should be		21. I certify that (I) (this hospital) attended the deceased from 9-25, 1966, to 10-30, 1966, that (II) (we) last saw the deceased alive on 10-30, 1966, and that death occurred at 7:00 PM, from the causes and on the date stated above.					
OR AI OR AI OIRECI OIRECI Sage 3 s		22a. SIGNATURE  MED. STAFF   22b. DATE SIGNED  MED. DIRECTOR   PHYS.   10-30-66					
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		220. PHYSICIAN'S NAME (Type) David I. Miller 220. ADDRESS LIGSON ROL- Cwing Mills, Md.					
TO HI Pag TO Fig dire shot	23	REMOVAL (Specify) RURIAL 11-2-66 LOUDON PARK CEMETERX BALTIMORE, MARYIA ND					
VR A15 (4)	24	I FUNERAL DIRECTOR ADDRESS   25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   DATE NOV 3 1966 Peliarles Judge					
15M 4-64	1	Lot. Md.					



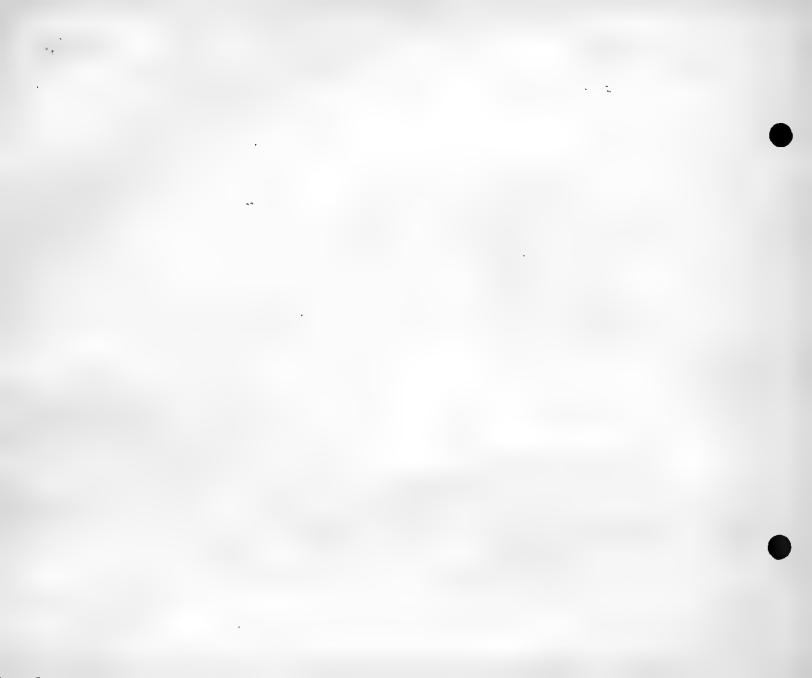
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) completely filled in by the funeral a. COUNTY! MARYLAND CLENGTH OF STAY IN 16 and give nearest town NSTITUTION (if not in haspital, give street address) d. STREET IS RESIDENCE ON A FARM? YES 3. NAME OF Middle DATE DECEASED OF DEATH (Type or print) S SEX 6. COLOR OR RACE 7. MARRIED OF BIRTH SE LINDE Manths Days Hours WIDOWED' DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during host of working life, even if refred) 16. SOCIAL SECURITY NO (Yes, no ar wiknown) (If yes give war ar dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the c burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO Z YES [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at work L at wark 1950, to/0/13 19 66, that (1) (we) last 21. I certify that (I) (this haspital), attended the deceased fram. 1966, and that death accurred at SA M, from causes and on the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 22a SIGNATURE ATTENDING PHYS. MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, pa should be f NAME (Type) FRKTON. (State) 23d LOCATION (City or Town) (County) VR A15 (4) 20 M 1/6



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution I. PLACE OF DEATH the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and p. COUNTY o. STATE b. COUNTY MARYIAND BALTIMORE MARYLAND b CITY OR TOWN (If autside corporate limits write RURAL and give nearest town) E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) BALTIMORE - 21206 10 DAYS FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE within 72 ON A FARM? 6611 Walters Avenue VETERANS ADMINISTRATION HOSPITAL YES NO TH 3. NAME OF Middle Lost 4. DATE Month Day Year DECEASED GLUCK OCTOBER 66 JOSEPH 24 19 (Type of print) DEATH S SEX 9. AGE ( n years IF JINDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED 69 birthday) JANUARY 12.1897 WHITTE WIDOWED DIVORCED MALE 10a US\_AL OCCUPATION (G ve kind of wark done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) PLUMBING SHOP COUNTRY? NEW YORK, N. Y. PLUMBING 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME SAMUEL GLUCK 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address transit permit, crematian, ar re (Yes, no, or unknown) (If yes give wor or dates of service) 085 01 02 10 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. YES INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I DEATH WAS CAUSED BY DITETIMONITA BY signed by the burial-transit p S CAUSED BY PNEUMONIA, BILATERAL, UNDETERMINED ORGANISM IMMEDIATE CAUSE (0) TONSFEAND DEATH (b) METASTASES TO BONE, LUNGS, NODES Conditions, if any, which gave UNKNOWN rise ta immediate cause (a), DUF TO stating the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been UNKNOW (d) CARCINOMA PROSTATE 19. WAS AUTOPSY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PULMONALE; PULMONARY FEPPHYSEMA; ARTERIOSCIEROTIC HEART DISEASE, PERFORMEO? far use CARDIAC INSUFFICIENCY NO A 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of Item 18.) 20a. ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Dov. Year 20d, INJURY OCCURRED factary, street, affice bldg., etc.) Not While 19 at work at wark 21. I certify that (2) (this hospital) attended the deceased from 10/14/66 saw the deceased glive an 10/24/66 19 and that death occur ta10/24/66 . 19\_\_\_, that (X) (we) last and that death occurred at 11:40 killing causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR 10/25/66 Mys MD. r, page be filed 22d. ADDRESS 22c. PHYSICIAN'S VAH FORT HOWARD, MARYLAND NEILON NEILSON. M. D. NAME (Type) directar, shauld b 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (Stote) BALTIMORE NATIONAL BALTIMORE, MARYLAND 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24-FUNERAL DIRECTOR VR A15 (4) ROBERT C. ALTENBURG FUI Melioneles 6009-Harford Road Baltimore Md.



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4D = 73 0	Hour Hour	o.m. 19	While of work	Not While Goo	CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County)	(Stote)
OR ATTENDING be retained by the DIRECTOR: After ge 3 should be led with the State	saw the	deceased alive an_	spital) attended	the deceased fram_ 19 <i>66e</i> , and the	t death accurred at	965, ta 10-20 645 AM, fram causes	and an the date  22b. DATE SIGNED	stated abay
E Therm	22o. SIGNATUI	T. Horzet	Codon	M	D. PHYS.  22d. ADDRESS	MED. DIRECTOR PHYS.	10-29-6	6
ro Hospitat of Page 4 may be o FUNERAL DIR director, page should be filed	NAME (Ty	10) George	Rodon	3C. NAME OF CEMETERY OR	Spring	Grove St. Ho.  T 23d LOCATION (City or To	wn) (County)	(Stote)
TO HOSPIT Page 4 m TO FUNERA director, 3	230 BURIAL, CREMA - REMOVAL (Space 24. FUNERAL DIREC	(v) 31/2/			or Memoria	Park, Tile	ton Md.	(21018)
VR A15 (4) . 20 M 1/66	Here	of Hano	9.10	energle on	klan NOV	01	carles Jud	ge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13755 13752 CERTIFICATE OF DEATH signed by the attending physician and completely filled in by the funeral buriol-transit permit. Then please femave carbon papers. Pages 1 and 2 buriol, cremation, or removal, and in any event, within 72 hours after death. requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTE altimore o. STATE
Maryland **b.** COUNTY MARYLAND b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)

Baltimore CLENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) 45 years Baltimore d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? St. Joseph Hospital 8165 Glen Gary Road #21234 YES 🔲 NO Tr 3 NAME OF Muddle Lost 4. DATE Month Doy Year DECEASED October Julius 19 66 (Type or print) Redman Grauel 12. DEATH IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED lost birthday) Months Davs Hours Male 10-10-1919 White WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT **COUNTRY?** during most of working life, even if refired)
Baltimore Life Ins. Co INDUSTRY Indiana II.S Ins. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julius F. Grauel Zoa Redman 15 WAS DECEASED EVER IN (LS. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 215-18-9313 No Mrs. Anita K. Grauel 8165 Glen Grav Rd. #34 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebrovascular hemorrhage IMMEDIATE CAUSE (a). Page 4 may be retained by the hospital or attending physician. **O FUNERAL DIRECTOR:** After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, crer XXXXXXXX Conditions if any, which gove Diabetes mellitus. nse ta immediate cause (a), DHE TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20g ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm (City or town) (County) (State) 20c TIME OF INJURY Manth, Doy, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (+) (this haspital) attended the deceased fram October 11, 1966, to October 12966, that (#) (we) last saw the deceased alive an October 12, 1966, and that death accurred at 8:55 M, fram causes and an the date stated above. 22n SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. "anyou 14.0 M.D. October 12.1966 22d. ADDRESS 22c. PHYSICIAN S Ramon P. Lopez, M.D. 7620 York Hoad, Towson, Md. NAME (Type) 21204 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23g. BURIAL CREMATION, (County) REMOVAL (Specify)
Burial 10/15/66 Woodlawn Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ocharlen VR A15 (4) 20 M 1/66 1966 Wm. Cook-Brooks Towson 1050 York Rd. 21204



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13753 CERTIFICATE OF DEATH death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) Baltimore Baltimore o. STATE ve carbon papers. Pages i event, within 72 hours after MARY! AND b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 .⊑ HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE filled i Windsorm YES NAME OF DATE Lost Doy Year DECEASED (Type or print) 1966 osal DEATH reer S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if refired)
Housevire INDUSTRY **COUNTRY?** or remayal, and 13 FATHER'S NAME Tate-George 14 MOTHER'S MAIDEN NAM Late-Lona Englehardt Kamm H ㅁ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. IZ INFORMANT Address reer (Yes, no or unknown) (If yes give wor or dates of service Windsor crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART : DEATH WAS CAUSED BY-INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. 114 31 DUE TO signed Conditions, if ony, which gove rise to immediate couse (o), DUE TO as the prior tat stoting the underlying couse has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F YES 🗌 this certificate 20o ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While of work ot work FUNERAL DIRECTOR: After 1966, to 10 - 8 21 I certify that (I) (this hospital) attended the deceased fram. 19 (ob., that (1) (we) las 1966, and that death occurred at 11:40 M/Jam causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 should be filed w M.D. DIRECTOR PHYS. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) D. Simon, M. D. 230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR 10-12-66 Baltimore ADDRESS PL 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Witzke F.D.-4101 Edmondson Ave. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13754 CERTIFICATE OF DEATH he funeral ges 1, and 2 after death. requires that the death certificate be executed within 24 haurs after death. ). PLACE OF GEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admiss on) o. COUNTY b COUNTY Baltimore Maryland MARYLAND and completely filled in by the fremave carban papers. Pages b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) ban papers Pag within 72 haurs o 25vrlOmth6dv Baltimore Catonsvilla d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 540 North Brice Street NOC YES -SPRING GROVE STATE HOSPITAL 3 NAME OF Eirst Middle 4 DATE Month Lost Year OECEASEO Gralli October 27 66 Anthony 19 (Type or print) DEATH IF UNDER 24 HRS. S SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7 MARRIED 6 COLOR OR RACE NEVER MARRIED 1919 last birthdoy) Ooys Hours Nov. 27. 1919 dny mala white WIDOWED DIVORCED attending physician and sermit. Then please rem IDE KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 100 USUAL OCCLPATION (Give kind of work done 12 CIT ZEN OF WHAT and in during most of working life, even if refired)
Baker shelper U.S. INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Ouido Grelli Mary Pape IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) SPRING Records: GROVE STATE HOSPITAL unknown unknown 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY. NTERVAL BETWEEN signed by the burial-transit p ONSET, AND DEATH Myocardial Infarction, acute, death. IMMEDIATE CAUSE (a) 4201 DUF TO burial, Conditions, if ony, which gove Arteriosclerotic cardiovascular heart Dis. 10 vrs. rise to immediate couse (a). DUE TO stoting the underlying couse as the prior to TO FUNERAL DIRECTOR: After this certificate has been () Arteraosclerosis, generalized PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION of Health YES 🔽 NO far 202 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd, INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at work oct 27 19 66, apothat death accurred at 1900M, fram causes and an the date stated abave. 21. I certify that 10 (this haspital) attended the deceased fram Dec. 21 Page 4 may be retained shauld saw the deceased alive an 22b DATE SIGNED 22o. SIGNATURE ATTENDING STAFF 10-27-66 .M.O. DIRECTOR PHYS PHYS page 3 22d. ADDRESS SPRING GROVE STATE HOSPITAL 22r. PHYSICIAN'S Anthony Young NAME (Type) Baltimore. Maryland 21228 director, plnods 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION: (County) (Stote) REMOVAL (Specify) New CAThedRA 1291 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1966 20 M 1/66

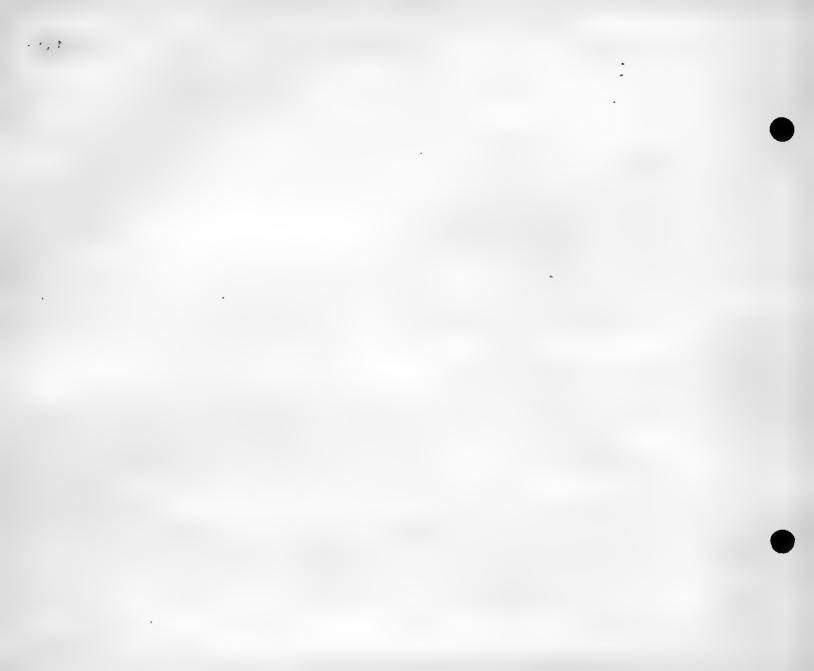


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death the attending physician and completely filled in by the funeral sit permit. Then please, regiove carban papers. Pages 1 and and in any event, within 72 hours after death USUAL RESIDENCE (Where deceased lived, if institution: Residence of PLACE OF DEATH b COUNTY Prince George's a. COUNTY a. STATE Maryland Baltimore MARYLAND b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) wee Hyattsville. Maryland d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address d. STREET ADDRESS IS RESIDENCE ON A FARM? 1915 Erie Street NO X SPRING GROVE STATE HOSPIT AL NAME OF 4. DATE First Middle Month Day Year DECEASED October 27 66 (Type or print) Reister DEATH Groomes B. DATE OF BIRTH Aug 9, 1883 IF UNDER I YEAR 9 AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** 83 birthday) Days Hours male white WIDOWED DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CTIZEN OF WHAT dis na most of working life, event if ret red) allowing the manner in Father's NAME COUNTRY? Pennsylvania U. S.A 14. MOTHER'S MAIDEN NAME MAKADAM William E. Groomes Delilah Dwuen 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give wat or dates of service) 578-42-6180A phknows/ IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) NTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Arteriosclerosis, generalized and severe IMMEDIATE CAUSE (o) 2011 **DUE TO** Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been last, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Pvelonephritis NO A YES ģ 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (County) (State) factory, street, affice bldg . etc ) TO HOSPITAL OR ATTENDINA Page 4 may be retained by 21. 1 certify that (F (this haspital) attended the deceased fram... Oct. 5 19 55 to Oct. 27 \_\_\_ 19\_\_**66**that (I) (we) last \_\_\_\_19\_66, and that death accurred of 100 saw the deceased alive an Oct. 27 M, fram causes and an the date stated above. 22a. SIGNATURE 22b DATE SIGNED **ATTENDING** Stella Wacholes 10-27-66 DIRECTOR M.D PHYS 22d. ADDRESS HOSPITAL GROVE STATE 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Haltimore Maryland 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 230 BURIAL CREMATION, Cedar Hill Cemeteru 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

1		MARYLAND STATE DEPARTMENT OF HEALTH  " DWISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
F 1202		13756 CERTIFICATE OF DEATH 13759				
er death.  1 and 2 er death.	1.	PLACE OF DEATH a. COUNTY Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Baltimore  MARYLAND				
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24 hor filled 1 appers. n 72 ho		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE DN A FARM?				
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executed within 24 hours after death and completely filled in by the funeral remove carbon papers. Pages 1 and 2 and 3 a	1 7	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS. Last, birthday) Months Days Hours Min.				
be ex	10a dur	a. USUAL OCCUPATION (Give kind of work done lob. KIND DF BUSINESS OR ling most of working life, even if retired)   10b. KIND DF BUSINESS OR ling most of working life, even if retired)   12. CITIZEN OF WHAT COUNTRY? USA				
rtificate	13.					
eath cel attemdi. ermit. 1	15 (Yi	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address 21 Wildwood No. Your George N. Gunders dorflong lacadow				
DING PHYSICIAM: The law requires that the death certificate be executed within 24 hours and by the hospital or attending physician.  After this certificate has been signed by the attending physician and completely filled in by the detached for use as the burial-transit permit. Then please remove carbon papers. Page e State Dept. of Health prior to burial, cremation, or removaryand in any event, within 72 hours		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  MAY 1964				
PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed by detached for use as the burial-trans e Dept. of Health prior to burial, cre.		Conditions, If any, which (b) arterior cleratic cerebroves when decese with				
aw req ttending nas bee as the prior to	N.C	cause (a), stating the DUE TD Appertures Types (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY				
i. The law all or atter ficate has for use as Health pri	CERTIFICATION	PERFORMED? YES ND				
PHYSICIAM: the hospital this certifi detached fo		DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
NG PH1 by the ifter th be det State D	MED.CAL	20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)  Hour a.m.   While   At work   At work				
ATTENDING retained by CTOR: After 3 should be		21. I certify that (1) (this hospital) attended the deceased from 700, 1959, to Sept 19, 1966, that (1) (we) last saw the deceased alive on 1966, and that death occurred at 6. M, from the causes and on the date stated above.				
At OR A ay be r ay be r on be		22a. SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  10/24/66  22c. PHYSICIAN'S 1 22d. ADDRESS				
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	233	NAME (Type) E. J. Alessi 6217 Harford Road				
TO P Pa	24	Burial 10/21/66. Moreland Mem. Cemetery Baltimore, Md.				
VR #15 (4)	1 7	eonard J. Ruck Inc. Balto. Md. 21214 DATED CT 21 1966 Jeliarles Judge				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13757 requires that the death certificate be executed within 24 haurs after death guo campletely filled in by the funeral lave carban papers Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE A b. COUNTY MARY! AND b CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) write RURAL and give nearest town) 8 IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS YES 🔲 NO 🖂 3 NAME OF DATE First Lost Month Dov Year DECEASED 30-0 Type or print) DEATH 19 66 S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (in years 7. MARRIED NEVER MARRIED remave burthdoy) Months WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? Baltimore County Sales Saleswoman 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Heinzelman Unknown yr 70 cliveden Rd. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO. Henry E.Gyr 214-22-1657 5 0 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN aculo signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUF TO attending p stoting the underlying couse a tar use as the of Health priar ta O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO YES Page 4 may be retained by the hospital or 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m Not While foctory, street, office bldg., etc.) of work at work 21. I certify that (I) (this haspital) attended the deceased fram\_ 10-29-, 1966, ta 10-30-, 1960, that (1) (we) last 3 shauld 76-30-1966, and that death accurred at 11:50PM, fram causes and an the date stated above. saw the deceased alive an\_ 22o. SIGNATURE 22b-DATE SIGNED ATTENDING allicio M.D. DIRECTOR PHYS. PHY5 page 22d. ADDRESS 22c. PHYSICIAN S director, par NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION, (Stote) (County) REMQVAL (Specify) Parkwood Cemetery 1-2-66 Baltimore, Maryland Buria ~FLINERAL DIRECTOR. 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI lianeles VR A15 (4) 4600 Liberty Hghts. Avenue DATE 20 M 1/66

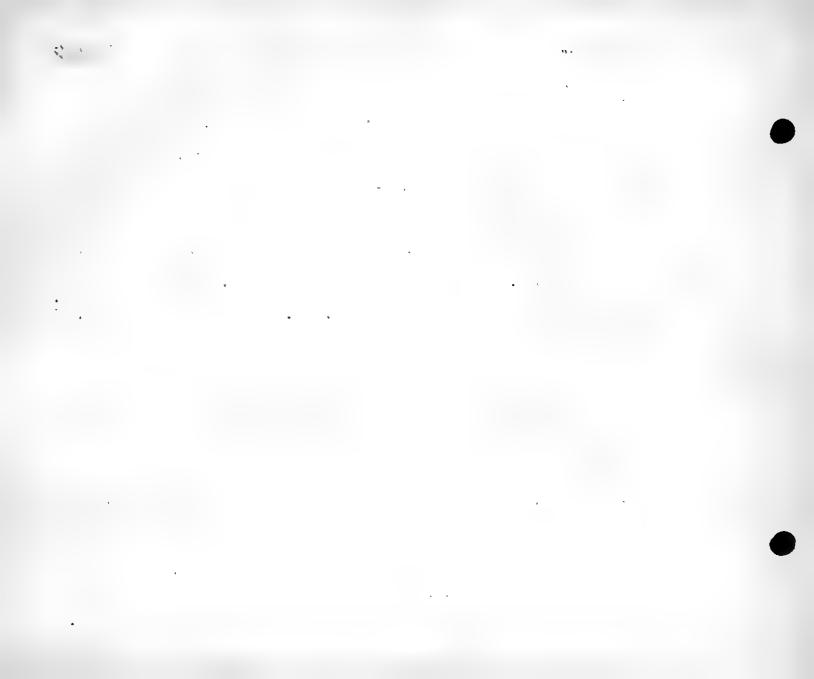


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL MEDICAL EXAMINER'S ERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before edit ssion) . COUNTY b. COUNTY Baltimore MARYLAND c. CITY OR JOWN (If outside corporate limits, write RURAL and give narrast lown) b, CITY OR TOWN (if outs de corporale limits, c. LENGTH OF STAY IN 16 write RURAKand give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Box 107, Cladway Rd. Gladway Road, YES NO X 3 NAME OF 4. DATE Middla DECEASED AJGUST R. HACKER DEATH October 3 (Typa or print) 9. AGE (In yeers | IF JNDER 1 YEAR | IF UNDER 24 HRS. 8 DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED last birthday) | Months Hours 4/18/1902 WIDOWED | DIVORCED male 10a. USUAL OCCUPATION (G ve kind of work 1Db. K ND OF BUSINESS OR NDJSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) Supervisor American Brewery Austria, Hungary U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eva Hloupha Frank Hacker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgive war or dates of service) Honrietta Suhanek Hacker, wife, above INTERVAL BETWEEN 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cokoner IMMEDIATE CAUSE (a) A-5-C-V-DISEAS-R **DUE TO** Conditions, if any, which ' gave rise to immediate cause DUE TO (a), stelling the underlying causa last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I...) 19. WAS AUTOPSY PERFORMED? pe NO F 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. | 2Dd. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) [County] (Stela) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While et work at work 21. I certify that I took charge of the remain described above, held an Autopsy . Inspection 12 Inquiry L and in my opinion forwarded i Undetermined manner Natural causes Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER **ASSISTANT MEDICAL EXAMINER** should be for FUNERAL. SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY Dr. Melvin B. Davis NAME (Typa) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF 1 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 % Buria. 10/6/66 Bohemian National Cem Baltimore, Md. 23. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. VS. A15ME 5M 9/60 Madison\_St

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13759 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution: Residence before admission) n. COUNTY 2, and 3 to PM3. Page a STATE **b** COUNTY 9 MARYIAND Baltimore Maryland Baltimore b CITY OR TOWN (If autside corporate | mits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corparate I mits, write RURA), and give nearest town) 42 vrs. Baltimore-rural Baltimore -rural d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e IS RESIDENC within 72 hours ON A FARM Item 18. Give Poges Office along with for Reisterstown Rd. Pikesville YES NO A Reisterstown Rd. Pikesvilla hours ofter deoth. 3 NAME OF 4 DATE First Middle Manth DECEASED the 10 (Type or print) Henery DEATH 10 Trvin Hahn with S SEX 9 AGE (In years IF UNDER 1 YEAR | IF JNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Months Davs Haurs WIDOWED K -3 white event male DIVORCED 100 SUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during mast of warking life, even fretired)
Retired COUNTRY? NDUSTRY Chief Medical Exominer's Hahn.Co. Baltimore Ma be executed within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Glara M. Cook Joseph H. IS WAS DECEASED EVER IN IT'S ARMED FORCES? 16 SOCA, SECURITY NO. 17 INFORMANT Address S.Md. (Yes, na, ar unknown) (If yes give war ar dates of service) pending 1g. I.H. Ferd Hahn 6 Clarendon Ave. Pikes INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) burial-transit PART I DEATH WAS CAUSED BY-ONSET AND DEATH Cyanide poisoning Ь IMMEDIATE CAUSE (a) This certificate should e, writing the word forworded to the Ch used os a burial-tro buriol, cremation, 1/1/3 DHE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO 3x agent, prior to 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY TO ar CONTRIBUTING [7] ingested cyanide CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm 20c TIME OF INJURY Month, Day, Year (City or town) (County) (State) factory, street, office bldg., etc.) While Nat While FUNERAL DIRECTOR: Poge p.m 10 10 19 66 at wark at wark Balto - rural home Balto. designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection . Inquiry and in my apinian the funeral director. death resulted from: Natural causes . Accident Suicide 🔀 be retained Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10/11/66 DEPUTY MEDICAL EXAMINER 0 EXAMINER'S Health ( Werner U. Spitz, M.D. Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION (County) (State) 0 October 14.1466 Druid Ridge Cemetery Pikesville &. I'd. 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR VR ATSME (5)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH . COUNTY b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN tif outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) write RURAL and give nearest town) DUNDALK DUNDALK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? retained he State ADMIRAL BLVD. ADMIRAL BLVH YES NO 3 3. NAME OF First Middle 4. DATE Month DECEASED OF the (Type or print) d 2 with the hours after o DEATH HELENA OCTOBER. 1966 YOUNKER HATNES 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 FIRS. test birthdey) | Months Hours DIVORCED WIDOWED T THMATE 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE MARYTAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES A. YOUNKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive werordates of service) 216-46-6392 MRS.M. EVELYN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Office Conditions, if any, which geve rise to Immediate cause **DUF TO** (a), sletting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO О 20b. DESCRIBE HOW INJURY OCCURED. (Enter natural of Injury in Part I or Part II of Item 18.) 20a, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. age 3 MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, , 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forward. FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE -6800 MUNAAAM STOOM Signadum, or coluptive 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Q40 p VS. A15ME 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

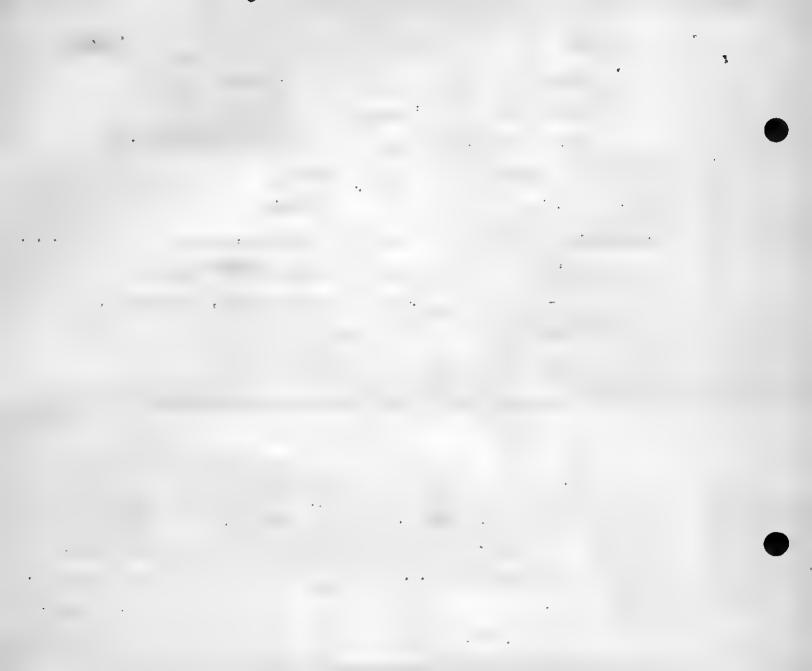
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: =N	13761		E OF DEATH	13764				
death.	1. PLACE DF DEATH		2. USUAL RESIDENCE (Where dece	ased lived, If Institution: Residence before admission)				
24 hours after death filed in by the funeral apers. Pages 1 and 2 nours after death	a. COUNTY BALTIMORE	MARYLANO	a. STATE MARYLAND	b. COUNTY BALTIMORE				
rs after by the Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If outside corp	orate limits, write RURAL and give nearest town)				
tours and in by s. Page hours	FORT HOWARD	9 DAYS	BALTIMORE					
24 ho filled i papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not	In hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
- 0.=	VETERANS ADMINISTRATION H	OSPITAL	117 CARVER ROAD	YES NO.				
rited within 2 completaly five carbon pa event, within	3. NAME OF First DECEASED	Middle	Last 4. DATE	Month Day Year				
d wi mple cart ent,	(Type or print) CHARLIE	OWENS	HANCOCK DEATH	.OCTOBER 22 19 66+				
be executed within clan and completally see remove carbon of in any event, with	5. SEX 6. COLOR OR RACE 7 MARK	NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS. last birthday)   Months   Oays   Hours   Min.				
be executer sician an collease remove and in any ev	MALE NEGRO WIDOW	NED OIVORCED	JULY 18, 1 <b>1898</b> ' "	bb yrs.				
8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1Da. USUAL OCCUPATION (Give kind of work done   10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sta'	or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	LABORER	TEEL MILL	CAMEL COUNTY,	VIRGINIA U.S.A.				
certificate ling plysic removal, a	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
certificating ply Then premovat,	PETER HANCOCK		MARY EVANS					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes give war or dates of service)	16. SDCIAL SECURITY NO.   17.	INFORMANT	Address				
death c	YES WW-1	225 24 9337 CL	IN. REC., VAH. FT.	HOWARD, MARYLAND				
	18. CAUSE OF DEATH [Enter only one cause			INTERVAL BETWEEN ONSET AND DEATH				
law re∎ulres that the deat attending physician. has been signmd by th≡ at as tile b≡rial-transit permentor to burial, cremation,	PART 1. DEATH WAS CAUSED BY:	HROMBOSIS OF RIG	HT MIDDLE CEREBRAI					
thai sicis	T'+ " X DUE TD							
ires the physici n signa burial-t	Conditions, If any, which (b)	YPERTENSIVE CARD	IOVALCULAR DISEASE	RECENT				
law remutes that the attending physician. I has been signud been signud been se as the burial-tran the prior to burial, creet	gave rise to immediate ( cause (a), stating the DUE TO							
v re sndi s b ior	underlying cause last. (c)							
law atten i has e as h pric	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?				
	PART II. OTHER SIGNIFICANT CONDITIONS CONT  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			YES ND				
SICIAN: The hospital or s certificals corrections in the six s certificals collect firm as the six of Health	208. ACCIDENT WAS UNDERLYING 1 2D	b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of Injury in Pa	rt 1 or Part II of Item 18.)				
PHYSICIAN: the hospital this certifi letacled fa	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	3 2Dc. TIME OF INJURY Month, Day, Year   2	Dd. INJURY OCCURRED   2De. PLA	CE OF INJURY (Home, farm, 2Df. ( ry, street, office bldg., etc.)	City or town) (County) (State)				
<u> </u>	Hour a.m. 19 at	hile Not While at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	21. 1 certify that (1) (this hospital) at	ended the deceased from O	ct. 13, 19 66, to	Oct. 22 , 19 66, that N (we) last				
ATTENDII retained cross. A should vith the 8	saw the deceased alive on Oct.	22, 19 66, and that	t death occurred at P.M. fro	m the causes and on the date stated above				
r ATT r reta 3 sho with	22a. SIGNATURE	1-1-1		22b. DATE SIGNED				
AL OR Tay be II DIRE	T (1.64)	( 1 / M.C		STAFF X 10 22 66				
May May SAL 1	22c. PHYSICIAN'S NAME (Type)	[] [	22d. ADDRESS					
HOSPITAL age 4 may FUNERAL rentor, ma	MUSTAFA H. ADAT			d, Maryland				
TO HOSPITAL OR ATTENIPED Page 4 may be retained for FUNERAL DIRECTOR.  diremtor, magm 3 should be filed with the	23a. BURIAL, CREMATION 1 225. DATE THEREOF REMOVAL (Specify) 1 10 26 66	23c. NAME OF CEMETER		CATION (City, town or county) (State)				
FF	BURIAL			ALTIMORE, MARYTAND TRAR   25b. REGISTRAR'S SIGNATURE				
,,	24. FUNERAL DIRECTOR	AMorton & 1701 Laur		1966 Charles Judge				
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		Patrimore	3 234.0	_				

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MARYLAND STATE DEPARTMENT OF HEALTH



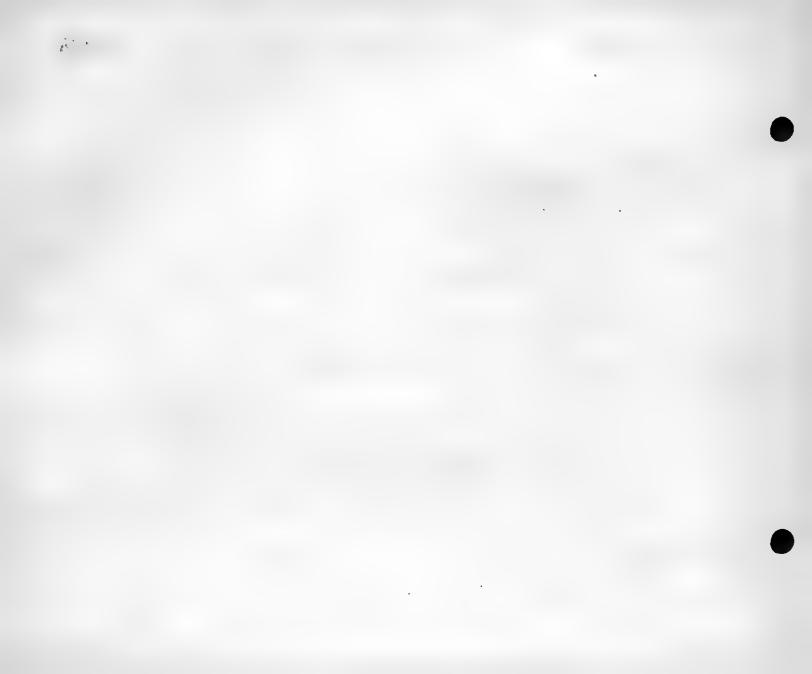
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE 3763 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) low requires that the death certificate be executed within 24 hours after death. death. PLACE OF DEATH rsicion and completely filled in by the funeral please remove carbon papers. Pages I and I, and in any event, within 72 hours ofter deat o. COUNTY o. STATE b. COUNTY Baltimore Marvland MARYLAND CLENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate imits c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest\_town) Baltimore 38vr2mthudys Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? STATE HOSPITAL UNKNOWN SPRING **GROVE** NO 3 NAME OF First Middle Lost 4. DATE Month Dov Year DECEASED OF October 11 19 66 Christian Hansen DEATH (Type or print) IF JNDER 1 YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH AGE filn years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Rigst birthdoy) Months Dovs Hours June 15, 1884 white male WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 100 US JAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Den mark Copenhagen, Denmark 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unknown unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) ((If yes give wor or dates of service) permi 219-5/1-3150 STATE HOSPITAL Records: SPRING GROVE unkn own 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Cardiac failure IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Hypertensive cardiovascular disease on an rise to immediate cause (a). DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been as the lost. arteriosclerotic basis 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO X jo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this haspital) attended the deceased from Aug. 1, 1928 to Oct. 11, 1966, that (1) (we) last saw the deceased alive an Oct. 11, 1966, and that death accurred at 7:15 M, from causes and an the date stated above. 1900, that (f) (we) last 8. 22b. DATE SIGNED 22o. SIGNATURE ella 10-11-66 DIRECTOR director, poge 3 should be filed a 22d. ADDRESS SPRING G RO VE SIVATE HOSP WATE 22c PHYSICIAN'S NAME (Type) Stella Wachsler. Baltimore, Maryland 21228 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Anatomy Board **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Frank H. Newell, Inc. 20 M 1/66



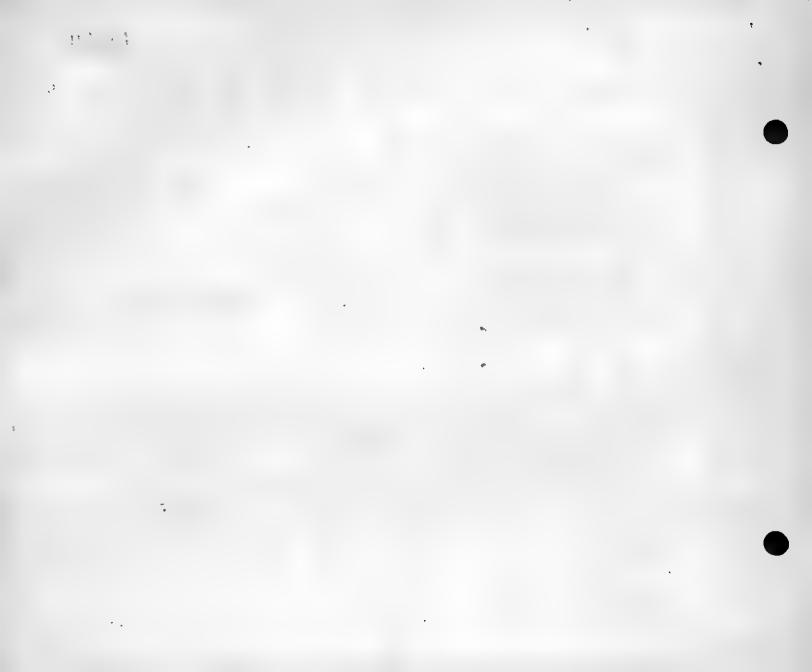
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13764 arban papers. Pages 1 and 2 gt, within 72 hours after death, requires that the death certificate be executed within 24 haurs after death the attending physician and campletely filled in by the funeral sit permit. Then please regrove arban papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH o. COUNTY BALTIMORE o. STATE b. COUNTY MARYLAND BALTIMORE MARYLAND b CITY OR TOWN (If outside carporate limits, C TENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give pectest town BALTIMORE d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) GA SHADY NOOK NURSING HOME 1024 WICKLOW ROAD YES NOXX Middle NAME OF First DATE Last Month Day Year DECEASED MONROE JAMES HAYES OCTOBER (Type or print) 66 DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE ( n years 7. MARRIED **NEVER MARRIED** last\_birthday) Months Days Haurs February 2, 189 MALE WHITE WIDOWED DIVORCED 1Ga, US, AL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) CITY VIRGINIA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, or remayal, MARTHA COX JAMES M. XHXMEXXXXXXXXXXXX HAYES IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknawn) (If yes give war or dates af service) 218-36-8026 MRS. ELIZABETH HAYES, 1024 WICKLOW STREET 1B. CAUSE OF DEATH (Enter on y one cause per line for (a) INTERVAL BETWEEN ONSET AND DEATH **burial-transit** PART I DEATH WAS CAUSED BY signed by 1 IMMEDIATE CAUSE (a) Central atteres sternes JUK X DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause as the Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) far use YES -NO 20a. ACCIDENT WAS UNDERLYING [] 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) Nat While 19 at wark 19 66 ta 21 I certify that (I) (this hospital) attended the deceased fram. May 1966, that (1) (we) last directar, page 3 shauld shauld be filed with the saw the deceased alive an , and that death occurred at M, from couses and on the date stated above. 22g SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. eales M.D. DIRECTOR 226 PHYSICIAN'S 22d. ADDRESS LESTER A. WALL. JR. 1039 ST. PAUL STREET HAME (Type) 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (State) REMOVALISETE MARYLAND 10-7-66 LORRAINE PARK CEMETERY BALTIMORE, 25a. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR DATE C HOWARD H. HUBBARD, 4107 WILKERS AVENUE 21229



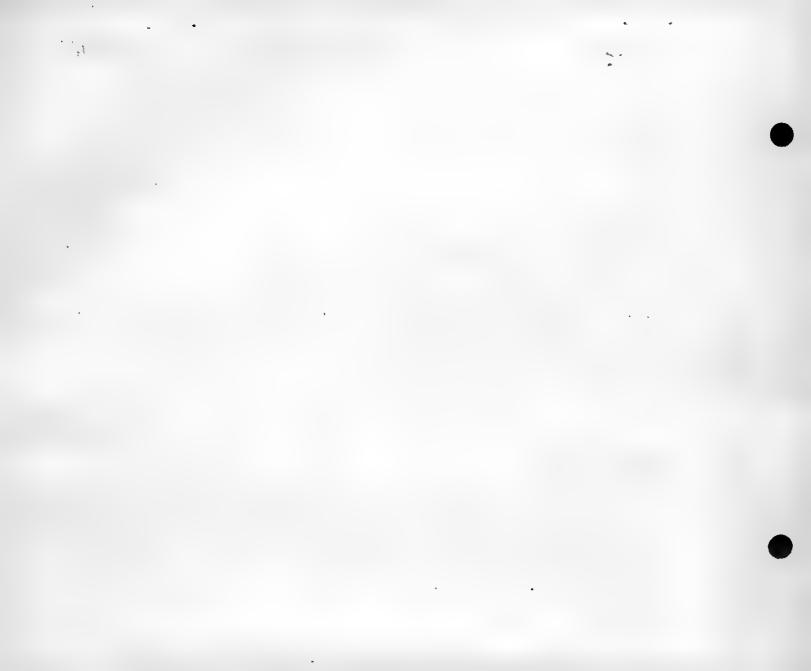
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VR A15ME (5)	2	4 FUNERAL DIRECTOR	0	ADDRESS		CD BY REGISTRAR	1966 REG	STRARS SIGNATU	
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1 /	MARYLAND STATE DEPARTMENT OF HEALTH  DJYLSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
मं क्यमे	CERTIFICATE OF DEATH 13769	WAN
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	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   last birthday)   Months   Days	
any	MALO White SEPPROPRIED DIVORCED May 2/1890 /6 yrs.	
<u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR LIBERTHPLACE (County & State, or foreign country)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN COUNTRY	OF WHAT ?
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	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
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al, crem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concerdance Heart Failure	
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	gave rise to immediate	
	underlying cause last. (c)	
g to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
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	G OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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<u> </u>	21 I certify that (I) (this hospital) attended the deceased from 7   31   1966 to 8   1966 to	at (I) (we) last
±	saw the deceased alive on 6 196 6, and that death occurred at 2, 30 M, from the causes and on the dat	e stated above.
age o should	222. SIGNATURE  L'ELLE CELLE CELLE M.D. ATTENDING MED. STAFF 10/9,  PHYS. DIRECTOR DIRECTOR DHYS. 10/9,	166
<b>€</b>	22c. PHYSICIAN'S 22d. ADDRESS	700
- E	NAME (Type) Willard Applefeld 550/ Park Heights Aver	nue
director, pag showld be fil	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Removal Oct 9/66  Mt. Pleasant. Wetchester White Plains. N. V.	(State)
	Removal Oct 9/66 Mt. Pleasant. Wettches ter White Plains N y  24. FUNERAL ONECTOR 25a. REGISTRAR   25b. REGI	ATURE
)	Jel Danney 9 Brass Ches Konsteratory DATE OCT 13 1966 Jolianles	Judge
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b CITY OR FOWN (If autside carparate limits, write RURAL and give nearest tawn) FORT HOWARD	c. LENGTH OF STAY IN 16  15 DAYS	c CITY OR TOWN (If outside corpor BALTIMORE	rate limits, write RURAL and give	
d NAME OF HOSPITAL OR INSTITUTION (If not in hospite VETERANS ADMINISTRATION		d. street address 2607 HARWOOD I	ROAD	ON A FARM?  YES NO
3 NAME OF First DECEASED (Type or print) ROY	Midale FRANKI,IN	Lost 4. DATE OF DEATH		Doy Year 13 19 66
S SEX 6. COLOR OR RACE 7. MARRIM MALE WHITE WIDOW	ED DIVORCED O	CTOBER 24, 1922	43 yrs	Days Haurs Min.
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15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) YES  18. CAUSE OF DEATH (Enter only one cause per line	88 12 39 83 CLI	N.RECORDS, VA HO	Address OSPITAL, FT HOW	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIR DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), stating the underlying cause (c)	RHOSIS OF LIVER			INTERVAL BETWEEN ONSET AND DEATH USING WAY
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21. I certify that (1) (this hospital) att saw the deceased alive an 10/1	ended the deceased fram	9/28/66 , 19 death accurred of 2:00A		, that <sup>2</sup> {l) (we) last e dote stoted abave TE SIGNED
22c PHYSICIAN'S NAME (Type) JOHN D. TALBERT	M. D.	ATTENDING MED. PHYS DIRECTOR  22d. ADDRESS VAH FORT HOWA	□ PHYS. K 1C	)/13/66
23a BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 10-17-66	23c NAME OF CEMETERY OR C	REMATORY 23d. L		(County) (Stote)
24. FUNERAL DIRECTOR	EVANS FUNERAL	HOME 250. REC'D BY REGIST	RAR 25b. REGISTRARS SIG	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13769 The law requires that the decip centificate be executed within 24 haurs after death attending physician and completely filled in by the funeral permit. Then please remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore George's Prince MARYLAND ve carban papers. Pages 1 event, within 72 hours after c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 1b b CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) Catons ville days District Heights, Maryland IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? HOSPITAL 7810 Kipling Pkwy YES NO X SPRING GROVE STATE 3 NAME OF Middle 4. DATE Month Doy Year DECEASED October 7,1966 н. Clarence 19 Higgins DEATH (Type or print) IF UNDER 24 HRS AGE (In years lost buthday) IF UNDER 1 YEAR B DATE OF BIRTH S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Months Dovs Hours signed by the attending physicion and co burial-transit permit. Then please remar burial, cremathan, ar remaval, and in any DIVORCED white WIDOWED May 21, 1876 ma le Qn. 10o JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Maryland

14. MOTHER'S MAIDEN NAME unknown 13 FATHER'S NAME C Fisher Higgins George W. 15 WAS DECEASED EVER IN J.S. ARMED FORCES?
(Yes, no., or unknown) ((If yes give wor or dotes of service)
unknown) 16 SOCIAL SECURITY NO 17. INFORMANT Address 212-12-5812 Records: SPRING STATE INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART 1, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. 334 X Conditions, if any, which gove DUF TO rise to immediate couse (a). DUE TO stoting the underlying couse far use as the t f Health priar to b TO FUNERAL DIRECTOR: After this certificate has been PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO X 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) factory, street, office bldg , etc.) Not While 19 of work pe 21. I certify that (1) (this haspital) attended the deceased fram... , 19 66 , to .... 1 1, 194-6, that (I) (we) last Oct. 5 saw the deceased alive an and that death accurred at 11. M. from causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE DIRECTOR MD 22d. ADDRESS SPRING GROVE STVATUE HOSPITIATI 22c. PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 23d. LOCATION (City or Town) (Stote) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 230. BURIAL CREMATION Gaithersburg Montg. BENOVAL (Specify) 10/11/66 Forest Oak 2Sb. REGISTRAR'S SIGNATURE 1300RESS Rockville Pike REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home Rockville. Md. DATE 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) . COUNTY b. COUNTY by the and 2 death. Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) Baltimore executed within d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Stella Maris Hospice, Towson, Md. 413 Homeland Ave. YES NO PE papers. n 72 hot completely 3. NAME OF DATE DECEASED OF (Type or print) DEATH within John 10 19.66 Hoeckel carbon 6 COLOR OR RACE 9. AGE (In yours ) IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED K NEVER MARRIED and ast birthday) Months Male White WIDOWED F DIVORCED death\_certificate the attending physician please remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stefe, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relired U.S.A. Salesman Baltimore, Maryland Laundry 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Barbara Baritz Frank Hoeckel 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO.1 Address remova, (Yes, no, or unknown) | [lifyesgivewerprdetespiservice] Stella Maris Hospice Towson, Maryland 2120h unknown permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] attending physician. INTERVAL BETWEEN been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 6 IMMEDIATE CAUSE (a) burial-transit DUE TO days Conditions, if env. which gave rise to immediate cause **DUE TO** (a), steting the underlying certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-01 19. WAS AUTOPSY CERTIFICATION S 0 PERFORMED? NO [ 20e ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH may be retained by the DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or lown) [County] (State) factory, street, office bldg., etc.) Not While Hour a.m. ö et work el work D.m. to October 21. | certify that (I) (this hospital) attended the deceased from.......July ., and that death occurred at 12NM, from the causes and on the date stated above saw the deceased alive on 22a SIGNATURE DATE ATTENDING SIGNED O HOSPITAL death. Page 4 DIRECTOR 3 PHYS. PHYS. director, page be filed with the M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 204 E. Joppa Road, Towson, Md. Robert J. Mahon. 2120h 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) New Cathedral Cemetery 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNA 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Cook-Brooks Towson 1050 York Rd. 21204 20M 5-63

White

Salesman

.ale

Frank Hoeckel

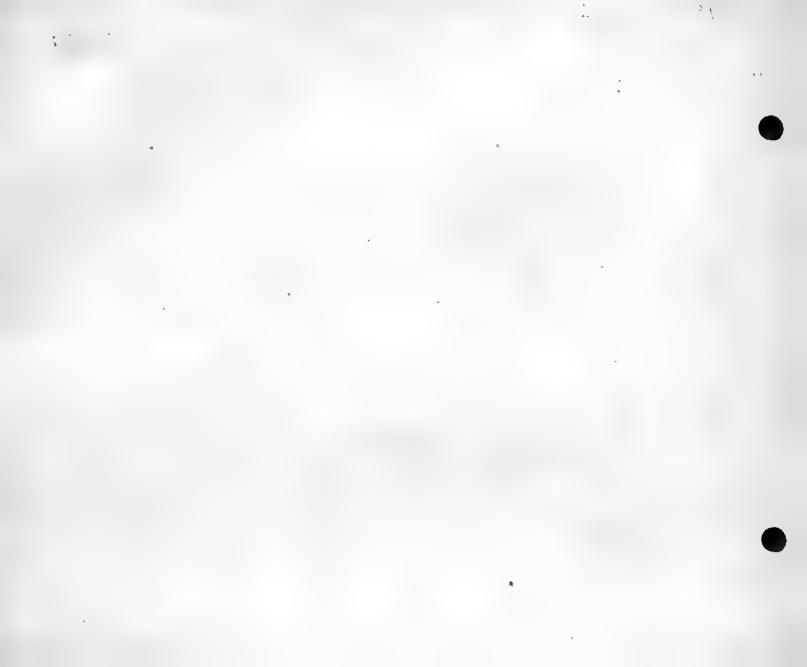
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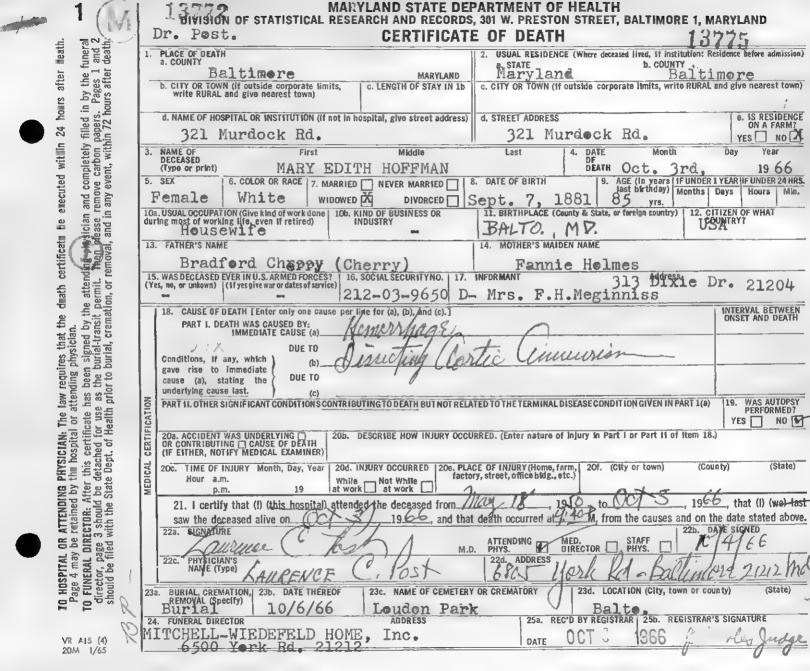
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after BaltimoreMd. Baltimge c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b <u>Catonsville</u> Catonsville d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? 916 Bardswell YES NO [ 916 Bardswell within 3. NAME OF First Middle Last 4. DATE Month Year DECEASED Oct. 13 19 66 (Type or print) DEATH executed 5. SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH been signed by the attending physician and con the burial-transit permit. Then please remove or to burial, cremation, or removal and in any ev 7. MARRIED NEVER MARRIED F 1-23-02 WIDOWED 12 DIVORCED | 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be COUNTRY? Inspector Crown Luggage Marvland TISA 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Late-Christian H. zabeth Weber 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(If yes give war or dates of service) Sylvena law requires that the death Snader 86 216-03-4116 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE DUE TO Conditions, if any, which gave rise to immediate DUE TO (a), stating ifter this certificate has be be detached for use as th State Dept. of Health prior underlying cause jast CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO M YES PHYSICIAN: T the hospital ( 20a. ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. TO FUNERAL DIRECTOR: After director, page 3 should be o should be filed with the State While Not While at work et work be retained 21. I certify that (I) (this hospital) attended the deceased from 19.06. that (I) (we) last 19 66, and that/death occurred at 2 0cm, from the causes and on the date stated above. saw the deceased alive on. SIGNATURE 22b. DATE SIGNED 22a. ATTENDING PHYS. DIRECTOR PHYS. M.D. 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) 4605 Edmondson .. ve. on 23c. NAME OF GEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23d. REMOVAL (Specify) Woodlawn Cemetery Baltimore Burial FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Idmondson Ave. 1966 VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. CDUNTY e. STATE after MARYLAND CITY OR IDWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN(If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1h 24 hours timai d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled ADDRESS e. IS RESIDENCE ON A FARM? d. STREET ND completely NAME DE Last // Idd/C 4. DATE Month Year DECEASED event, (Type or print) DEATH remove 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Davs Hours WIDDWED DIVDRCED [ Vrs. 10a. USUAL DCCUPATION (Give kind of work done and in 10b. KIND OF BUSINESS DR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) physician ease certificate be during most of working life, even (f retired) Ralto. COUNT 1.50 ᆸ 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT permit. (Yes, no, or unkown) (If yes give war or dates of service) UKROOWN UNKNOWN been signed the burial-transit property the burial-transit property that the burial transit property transit property transit property that the burial transit property t 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] cremati INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Cenditions, If env. which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PARTAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? CERTIFICAT YES 💢 ND [ 28a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached for DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 2De. PLACE DF INJURY (Home, farm. 2Df. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While at work at work p.m. 10. 18. 1967 to 10.18. 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at 3.25 PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING DIRECTOR PHYS. HOSPITAL BALTIMIKE MED FUNERAL PHYSICIAN'S TO FUNERAL director, p 22c. 22d. **ADDRESS** 23a. BURIAL, CREMATION, CEMETERY OR CHEMATORY TOCATION (City, town or country) (State) EMDVAL (Speofty) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REGISTRARA 25b. VR ALS (4) 1/65





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 THE RESERVE TO THE PARTY OF THE CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where, deceased lived/ If institution: Residence before admission) filed COUNTY MA MARYLAND b. CITY OS TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. City OR TOWAY (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 22663 -2122 d. NAME Of HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS YES NO [ NAME OF Middle DATE Year DECEASED (Type or print) DEATH 19 6. COLOROR RACE 7. MARRIED NEVER MARRIED PUT 9. AGE (In years lost highday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Davs DIVORCED [ WIDOWED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF IDEDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SUCCESS 217-07-39 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: ARCINDAMA IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate **DUE TO** catte (a), stating the underlying cause tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPS PERFORMED? YES TO NO TO 28a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Hour a.m. Not while at work at work 001.1 21. I certify that I attended the deceased from.\_\_\_\_\_\_, 19.60, to ., 1955, that I last saw the deceased , and that death occurred at ID PM, fram the causes and an the date stated above. ADDRESS (Street, city or town, stotal ACTUAL SIGNATURE 5317 Belair Road PHYSICIAN'S Emmett P. Davis. M.D. Baltimore, Maryland 21206 NAME (Type) 22a. BURIAL, GRENCATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR-EREMATORY 22d. LOCATION (City, fown, or county) (State) 630 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) campletely filled in by the funeral nave carban papers. Pages I and ny event, within 72 hours after deat PLACE OF DEATH requires that the death certificate be executed within 24 haurs after de e. COUNTY Baltimore o. STATE Maryland b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Baltimore City d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 15 RESIDENCE ON A FARM? Holly Hill Manor-531 Stevenson La 4000 N. Charles St. NoX YES T NAME OF Middle 4. DATE Manth Firs\* Last DECEASED OF DEATH Arthur Franklin Holston, Sr. 10 19 66 13 (Type or print) IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remave birthday) Manths 11/7/90 Days Hours Male White WIDOWED 10a LSUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician on please please INDUSTRY **COUNTRY?** Retired Tile Contractor Maryland
14. MOTHER'S MAIDEN NAME II.S.A 13. FATHER'S NAME cremation, or remayal, Charles C. Holston Minnie Skipper signed by the attending burial-transit permit. Th IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dotes of service) 212-03-0859 Sara A. Holston-4000 N. Charles St. 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying couse ‡ has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item: 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur o.m. While Not While factory, street, office bldg., etc.) at work at wark 3 , 19 2-2-, that (1) (acce) last 2]. I certify that (1) (thus-hospital) attended the deceased fram. Page 4 may be retained shauld and that death accurred at P. M. fram causes and an the date stated above saw the deceased alive an\_ 22g. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS 0/14/66 PHYS directar, page shauld be filed 22d. ADDRESS 22c. PHÝSICIAN'S NAME (Type) Norman R. Freeman. Jr. 11 W. 29th St. shauld 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL CREMATION, REMOVAL(Specify)
Burial Baltimore, Maryland
REGISTRAR | 25b. REGISTRAR'S SIGNATURE 10/17/66 Balto. Nat'l Cem. 2So. REC'D BY REGISTRAR Bert C. Altenburg-6009 Harford Rd. VR A15 (4) Marila 1966 20 M 1/66 <u>Funeral Home, Inc.</u>

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certificate be executed within 24 hours adding physician and completely filled in ly then place the second second in a second second in any event, within 72 hours	3.	NAME OF DECEASED (Type or print) Eloie K. Howard DEATH 10 - 5 1966
utec	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
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requires that the death certificate be ding physician. been signed by the attending physician the burial-transit permit. Then plasm to burial, cremation, or removal, and in the burial, cremation, or removal, and in the burial or the burial		10 (If yes give war or dates of service) 224-01-4328 MR. JOSEPH FAV. 3669 FOREST HILL ROAD #7
the the it pe		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
nt th an. d by rans cren		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONCESTIVE FAILURE  ONSET AND DEATH  DAY
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s physical stress puring the puri		conditions, if any, which by OLD MYOCARDIAL INFARCTIONS 10 YEARS
ATTENDING PHYSICIAN: The law requires that the death retained by the hospital or attending physician.  ECTIE. After this merificate has been signed by the attent should be detached for use as the burial-transit permit with the State Dept. of Health prior to burial, cremation, or		cause (a), stating the OUE TO
law atter has e as pri	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTOPSY
or state or sealth	CAT	PERFORMED? YES NO 🔀
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PHYSICIAN: the hospita this mertification detached for	4	(IF EITHER, NOTIFY MEDICAL EXAMINER)
PHY the deta e Deta	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)  Hour a.m.   While   Not While   factory, street, office bidg., etc.)
DING P ed by t After d be d e State	ME	p.m. 19 at work at work
ATTENDII retained ICTER B S should with the S	'	21. I certify that (this hospital) attended the deceased from 9/2, 1962, to 10 5, 1966, that (we) last saw the deceased alive on 10 5, and that death occurred at 125 M, from the causes and on the date stated above.
ATT retz 3 sh with		saw the deceased alive on 10 15 19 66, and that death occurred at 12 5 PM, from the causes and on the date stated above.  22a. SIGNATURE 0 1 22b. DATE SIGNED
AL OR nay be AL DIRI Dage S		Stanley Friedler M.O. ATTENDING MEO. DIRECTOR PHYS. X 10/5/66
TO HOSPITAL OR ATTEN Page 4 may be retaine to Filminal Director, director, page 3 should should be filed with th		22c. PHYSICIAN'S NAME (Type) STANLEY FRIEDLER 4204 MILFORD MILL RD MD.
HOS age age Fun irect	238	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		BURTAL 1 10/9/66   HEBREW FRIENDSHIP   BALLIMOKE, MAKYLAND
柳	24	FUNERAL DIRECTOR ADORESS 25a. REC'O BY REGISTRAR'S SIGNATURE
VR A15 (4) 20M I/65	S	OL LEVINSON & BROS. INC., 600 REISTERSTOWN ROAD OCT 10 1966 gelender Judes
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The state of the s		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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e be executed within 24 hours a sician and completely filled in by lease remove carbon papers. Pag and in any event, within 72 hours	3.	NAME OF First Middle \ Last   4. DATE Month Day Year	F
i wi nple carb		OECEASED (Type or print) Helen Hall Hudson DEATH October 11- 1966	2
cuted J con Jove y eve	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24H   Jast hirthday) Months Days Hours   Min	
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h corrigos tedina nit. Then or remova	7	Villiam Hall Elizabeth ?	
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DING PHYS od by the h After this d be deface	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   While Not While   factory, street, office bidg., etc.)   (City or town) (County)	
ed by After Id be Stat	¥  -	21. I certify that (I) (this hospital) attended the deceased from 10-6, 1944, to 10-11, 1966, that (I) (we) Is	ast
TENDI tained for: A hould h the	Н	saw the deceased alive on $10-11-19.66$ , and that death occurred at $3.00$ M, from the causes and on the date stated above	
R A1	П	22a. SIGNATURE P & Chilly ATTENDING MED. STAFF	
AL OR nay be AL DIR AL DIR PARE	-	Raw K. CHWWW M.D. ATTENDING MED. STAFF 10 -11 -66  22c. PHYSICIAN'S D 22d. ADDRESS 0 1 1 1 1 0 1 1 66	-
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certific director, page 3 should be detached for should be filed with the State Dept. of H	H	NAME (Type) Kam K. Chhillar Greater Batto. Med. Center	
Page Page of free	23a.	DEMOVAL (Specify)	
F F " &	24.	Burial 10/11/1966 Baltimore National Cemetary Beltimore Md FUNERAL DIRECTOR ADDRESS / 258. REGISTRAR 250. REGISTRAR 250. REGISTRAR 250.	_
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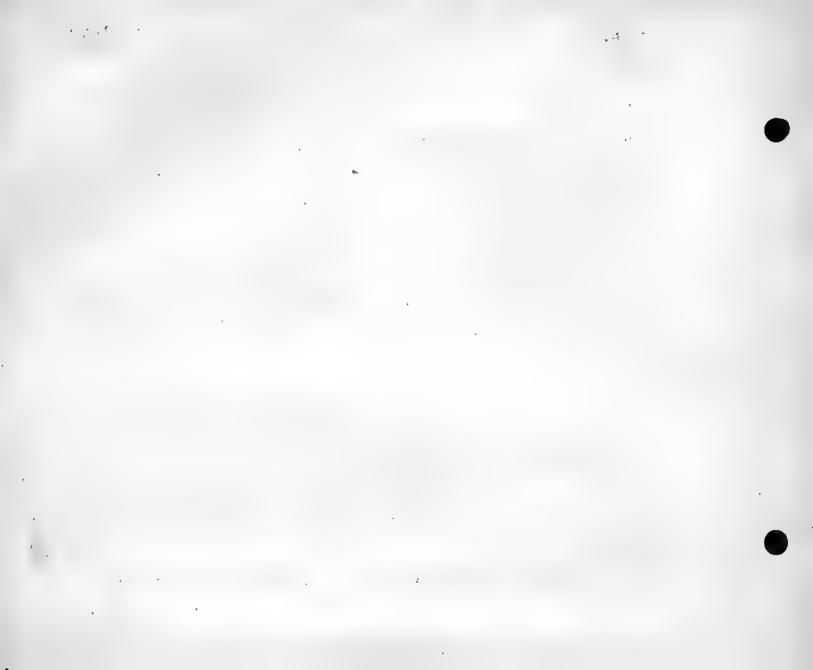
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101	MARYLAND STATE DEPARTMENT OF HEALTH
A CONTRACTOR OF THE PARTY OF TH	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  13781
funeral and 2	1. PLACE DF DEATH  1. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
fu de	a. COUNTY a. STATE b. COUNTY
after y the f	Baltimore  MARYLAND  Maryland  Baltimore  C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
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hours d in b rs. Pars 2 hours	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give streat address)   d STREET ADDRESS   Q7 004   e. IS RESIDENCE
executed within 24 hours and completely filled in by remove carbon papers. Pag	oulaney-Towson Nursing Home 111 West Rd. 805 W. Joppa Rd. Towson Md. YES NOTE
executed within and completely remove carbon in my event, with	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
with miles and m	(Type or print) Lola C. Hurst Death Oct. 8 19 66
con	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.
and and	Female White WIDOWED DIVORCED July 13 1884 84 2 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
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ifficate g phys ren ple	
ndin rem	William Williams Elizabeth Pickett  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
The law requires that the death certificate be or attending physician sate has been signed by the attending physician ruse as the berial transit permit. Then please sath prior to burial, cremation, or removal, and in	(Yes, no, or unkown) (If yes give war or dates of service) 217-48-8645 Mr. Robert Pittman 805 W. Joppa Rd. 21204
the ation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
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phys sig	Conditions, if any, which ) (b) Colema caremona Jeckens 34724.
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he h	PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
ING PHYSICIAM: The lart by the hospital or att after this certificate he detached for use a State Dept. of Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  COR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
the hit this detacl	
L OR ATTENDING PHYSIC by be retained by the hos DIRECTOR. After this cage 3 should be detached with the State Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While st work at work at work
ATENDING retained by CCTOR: After Should be vith the Star	21. I certify that (I) (this hospital) attended the deceased from Acar 8, 1966, to Cer 8, 1966, that (I) (we) last
OR ATTENDIN Director: Af	saw the deceased alive on Cor. 6 1966, and that death occurred at M, from the causes and on the date stated above.
REC 76 WILL	ATTENDING MED. STAFF
AL OR DIR page filed	22c. PHYSICIAN'S 22d. ADDRESS
PITAL 4 may 1 may	NAME (Type) Dr. Christian Richter 1001 St. Paul St.
TO HOSPITAL Page 4 may TO FUNERAL director, pa should be fi	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Durtar Tours Gwythi democraty
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE DATE OCT 1 4 1966 Clicyles Quedae.
VR A15 (4)	Wm. Cook-Brooks Towson Inc. 1050 York Rd. DATE OCT 14 1966 James Judge

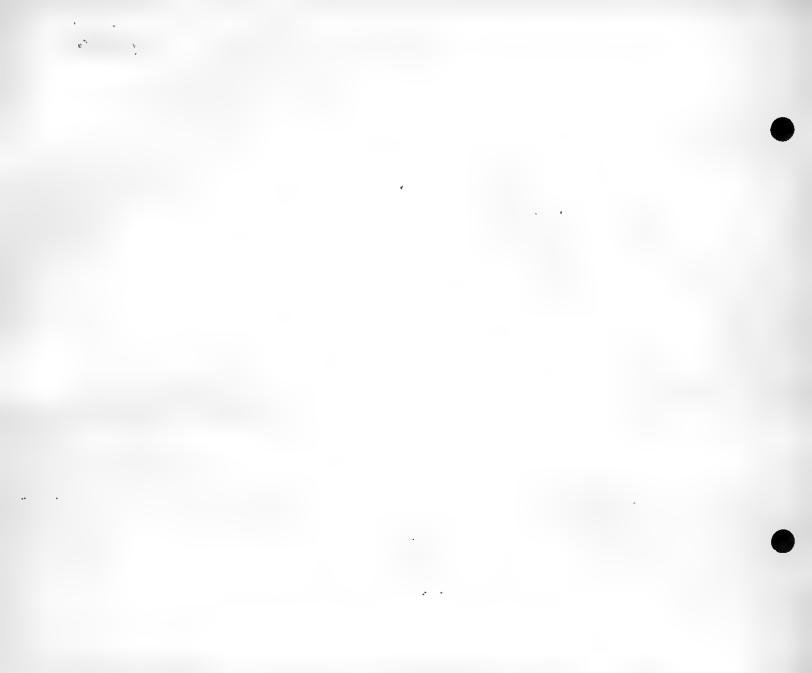
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death, and dea 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore b. countr MARYLAND b. CITY DR TOWN (If outside corporate limits, C. LENGTH DF STAY IN 1b OR TOWN (If outside corporate limits, write #URAL and give nearest town) write RURAL and give nearest town) Mount d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Wilson State event, within Hospital YES NO X etely within carbon NAME OF 3. Middie DATE Month Dav DECEASED comple (Type or print) DEATH элоша, 5. SEX 6. CDLDR OR RACE 7. MARRIED [7] NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS (ast/birthday) Months Days Hours any and WIDDWED DIVORCED Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT ease during most of working life, even if retired) death certificate be attending physicia ermit. Then please on, or resporate and and INDUSTRY. COUNTRY FATHER'S NAME 13. 14. 15. WAS DECEASED EVER IN V.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address burial-transit permit. burial, cremation, or (Yes, no, or unknown) [(If yes give war or dates of service) Records, Mt. Wilson State Hospital 200 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) lleus, paralytic, due to remote infection. attending physician. Signed DUE TO Conditions, If any, which (b) реел gave rise to immediate 計さ DUE TO (a), stating the underlying cause last. (c) 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate hospital or Minimal pulmonary tuberculosis, active. YES ND X PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) οţ tached DR CONTRIBUTING TI CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. While Not While ATTENDING at work at work D 19 66, to Oct. 10 19 00, that (I) (we) last 21. I certify that (!) (this hospital) attended the deceased from Oct DIRECTOR: 19.66, and that death occurred a6:00% from the causes and on the date stated above. saw the deceased alive on Oct. -10 SIGNATURE 22b. DATE SIGNED page ATTENDING M.D. DIRECTOR PHYS. PHYS. O HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL 22c. director, p NAME (Type) Newcomer\_M.D. Superintendent ব Wilson. Mount Maryland LOCATION (City, town or county) CEMETERY OR CREMATORY (State) 0 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE 24. ADDRESS \_ VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13779 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY ofter MARYLAND b CITY OR TOWN (If autside carparate imits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write-RURAL and give nearest town) 21202 IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS YES NO NAME OF DECEASED M ddle DATE Month Day Year VERNON CRSON (Type or print) DEATH 19 1 YEAR 5 SEX 6 COLOR OR RACE 9 AGE (In years IF UNDER IF UNDER 24 HIRS B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Manths Days Haurs in any WIDOWED DIVORCED -1910 10a USUA, OCCUPAT ON (Give kind of work done) 106. KIND OF BUSINESS 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) sig≡∎d by the attending-physician burial-transit ∏ermit y their please burial, cremation, ar remavor, and i COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PWART WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, ng. or unknown) (Iff yes give wor or dates of service CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (b) **DUE TO** Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending TO IUNIRAL DIRECTOR After this certificate has been ‡ last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS'
PERFORMED? for use MO YES 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of Item 181) detached for the Dept. af H (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20f. (County) (State) Haur a.m. factory, street, affice blda., etc.) Nat While at work 21. I certify that (I) (this haspital) attended the deceased fram. 66 1966 to 19.6.6 that (I) (we) last saw the deceased alive on and that death occurred at M, from causes and an the date stated above 22o SIGNATURE 22b. DATE SIGNED ATTENDING M.D PHYS DIRECTOR PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d\_LOCATION (City or Town) (County) (State REMOVA: (Specify) OA FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE ORTON



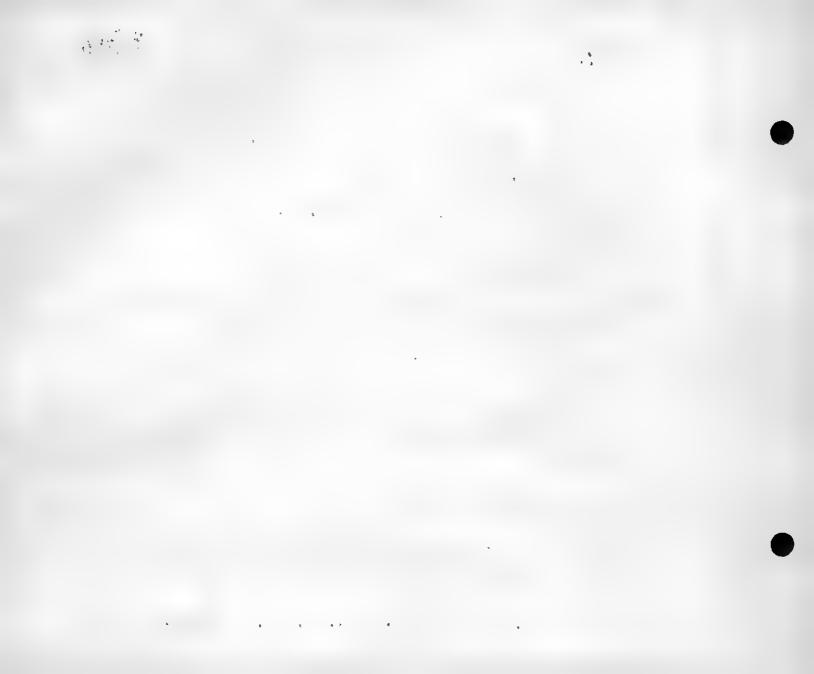
410	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
FOR STATE	13780 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1378	3								
HEALTH DEPT. ✓	PLACE OF DEATH  o COUNTY  Baltimore  MARYLAND  2 USUAL RESIDENCE (Where deceased hived, if institution Residence to STATE Maryland  b COUNTY  Maryland	pefare admission)								
oath 1f chy deloy is oges 1, 2, and 3 to ith form PM3. Page State Department of 2 hours after death.	b (ITY DR TOWN (If outside carporate limits, write RURAL and give new rite RURAL and give new rite RURAL and give new records town)  Baltimore-rural  Baltimore-rural	norest tawn)								
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th If ages 1, 1 form 1 form tote Delhours	Kennedy Hwy. near White Marsh, Md. 2307 Calverton Mci http://	YES ND X								
r deat ve Pog g with the St in 72	DECEASED (Type or print) Thomas R. Jackson DEATH 10	Day Year 5 19 <b>66</b>								
hours ofter de tem 18. Give P Office along wi and 2 with the event within 7.	S SEX 6 CDLDR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF B RTH 9 AGE (In years FUNDER I YE male colored WIDOWED DIVDRCED C-11-20 46 birthday) Wonths Da	AR IF UNDER 24 HRS								
24 hours in Item 18 r's Office ys Tond 2 v	10a USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  10 KIND DF BUSINESS OR 11 BIRTHPLACE (State or fare.gn country) 12 CTIZE during most of working life, even if retired)	N DF WHAT								
within 2 pencil in aminer's	Carpentar  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Rollert Jackson  Jessie Dovis	, ) , , , , , , , , , , , , , , , , , ,								
7.5 X 2. 6	1S WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no or unknown) (If yes give war ar dates of service)  16 SOCIAL SECURITY ND 17 INFORMANT Jessie Reed 2307 Call verton	Heights								
certificate shauld be executed writing the ward "pending" in worded to the Chief Medical Used as a burial-transit permit. Burial, crematian, or remaval,	IB CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple injuries	NTERVA, BETWEEN DNSET AND DEATH								
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ng the saled to ded to but, cremo,	rise to immediate couse (a), stating the underlying cause (c)									
his certificate of writing the forworded to be used as a to buriol, created to the buriol, created to buriol.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF THE TIME TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/O)	19 WAS AUTDPSY PERFORMED? YES X ND								
R: This intrincate, and be far to prior to	200. EXTERNAL CAUSE WAS   20b DESCRIBE HDW INJURY DCCURRED (Enter nature of injury in Part II or Part II of item IB.)									
DEPUTY MEDICAL EXAMINER: T scessory, please execute the certifical funeral director Page 4 should be may be retained for your files. FUNERAL DIRECTOR: Page 3 should be of the or its designated agent, prior	20c TIME OF INJURY Manth, Day, Year 20d INJURY DCCURRED 20e P.ACE DF INJURY (Home, farm, factors the factors that is a factor to the factors that is a factor to the factor that is a fa									
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MEDIC Ilease directo Stained DIRECTS s designs	ACTUAL (1) 1924 C   CHIEF MEDICAL EXAMINER	22. DATE SIGNED								
EPUTY MEDICA ssory, please e funerol director ay be retained NERAL DIRECT th or its design		/7/66								
TO DEPUTY necessory, if the funeral 5 may be r TO FUNERAL Health ar ii	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City or Town) (Col	unty) (State)								
VR AISME (5)	24. FUNERAL DIRECTOR ADDRESS 250 RECO BY REG STRAR 250 REGISTRAR'S SIGN.	ATURE								
6M 1/66	George Kelson 1348 N. Galicun Street Michel 10 1966 Milanes	1 Juage								



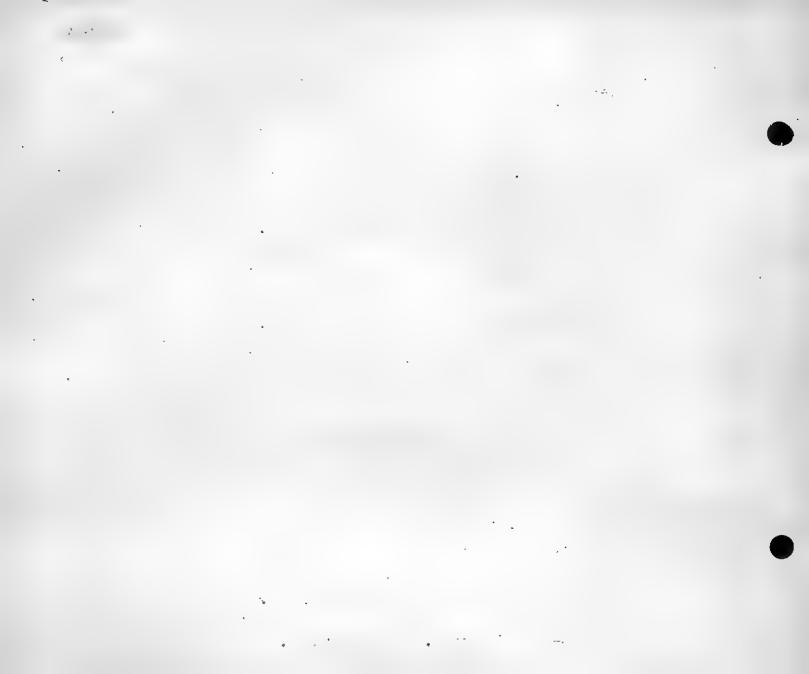
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death. campletely filled in by the funeral ave carbon papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH Baltimore o. COUNTY Raltimore o. STATE Maryland b. COUNTY MARYLAND c CITY OR TOWN (If outside corporate Jimits, write RURAL and give nearest town)

Rural - Rosedale b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 Rural-Rosedale oon papers. Pag within 72 hours years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

938 (hesaco Avenue 938 (hesaco Avenue ON A FARM? YES NO 3 NAME OF Lucy V. First Johnson 4. DATE OF emave carbon Middle Lost Year October 12. DECEASED 66 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED op pirthdoy) Months Days Hours White X Female WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 100 USUA, OCCLPATION (Give kind of work done 11, BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working, to, even if retired) COUNTRY A INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remaya William Ponten Annie 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give war or dates of service) John Anthony 839 (hesaco Avenue 09 1B. CAUSE OF DEATH (Enter only one couse per line for-(g), (b), and (c) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ģ T 201 **DUE TO** signed t Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO YES fa 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Not While of work attended the deceased from\_ 21. I certify that (1) (this hospital) Page 4 may be retained 1966 and that death occurred at M. from couses and on the date stated above sow the deceased alive on 22b. DATE SIGNED 220 SIGNALURE **ATTENDING** DIRECTOR director, page 3 shauld be filed a 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) Zion. Luth. Manukana REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 2Sb. PUNERAL DIRECTOR. VR A15 (4) 1966 Charles 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH executed within 24 hours after death. and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a: COUNTY b. CDUNTY completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY DR TDWN (it outside corporate limits, write RUBAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM? θ. YES No 🔀 3. NAME DE DATE First Middle Month Day Year DECEASED (Type or print) DEATH 19 0 remove SEX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS 7. MARRIED NEVER MARRIEO any WIDOWED OIVORCED lease re and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) physician during most of working life, even if retired) INDUSTRY COUNTRY? alttica WYLLIU cerdificate nding phys .. Then ple removal, 2 FATHER'S NAME attendi ed by the attend transit permit. 25. WAS DECEASED EVER IN U.S. ADMEO FORCES? Address 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service) eath 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), INTERVAL BETWEEN and (c). The law requires that the n signed by t burial-transit burial, crama ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO Cenditions, If any, which (b) has been says the but gave rise to immediate OUE TO cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY for use Health use PERFORMED? certificate NO [ YES is centrached for 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) e be de State I factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by p.m 19 at work at work DIRECTOR: Af age 3 should be iled with the S 10-23-1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at  $\mathcal{A}$ .M. from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE OATE SIGNEO page ATTENOING MED. OIRECTOR M.O. PHYS. PHYS. Page 4 may III III III III III TO FUNERAL PHYSICIAN'S 22d. 22c. ADDRESS director, p should be 1 NAME (Type) BURIAL\_CREMATION, 23b. CEMETERY OR CREMATORY (State) DATE THEREOF 23d. LDCATION (City, town or county) REMOVAL (Specify) FUNERAL DIRECTOR REO D BY REGISTRAR 25a. 25b. Loring Byers-8728 Liberty Rd. Randallstown, Md. DATE VR A15 (4) 20M 1/65

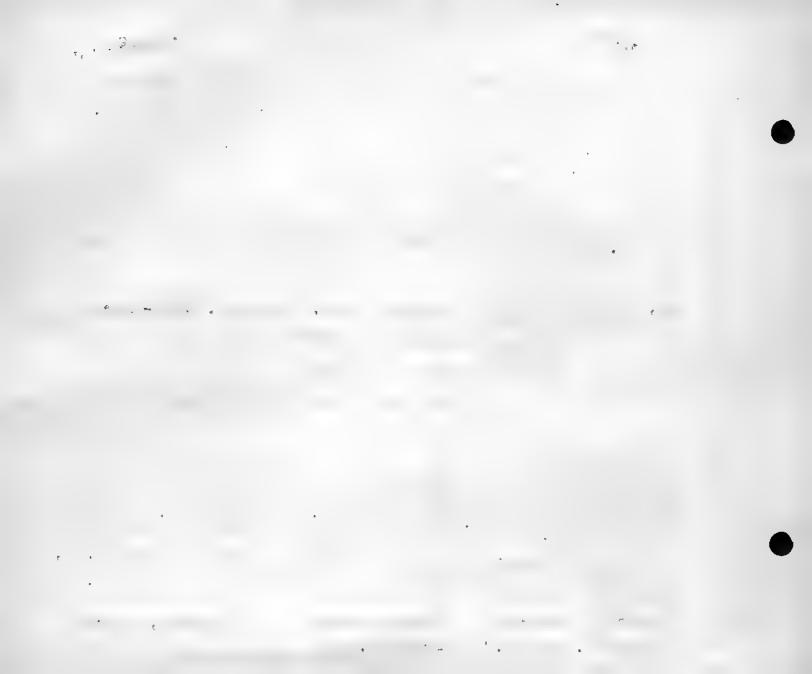


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death filled in by the funeral papers. Pages 1 and USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH o. COUNTY COUNTY BALTTMORE MARYLAND MARYLAND an papers. Pages 1 within 72 hours after c. LENGTH OF STAY IN 1b. b CITY OR TOWN (If outside corporate I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD, BALTIMORE 17 DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1326 W. LAFAYETTE VETERANS ADMINISTRATION HOSPITAL NO . YES the death certificate be executed within please remave carban 3. NAME OF First Middle DATE Last Dov Year physician and campletely DECEASED (Type or print) EARL FRANKLIN JOHNSTON 66 DEATH OCTOBER 19 S SEX AGE (In years F UNDER 1 YEAR 1F UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED lost birthdovi Months Davs Hours and in any WIDOWED DIVORCED MALE NEGRO FEBRUARY 27. 1914 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U.S.A. during most of working life, even if retired) INDUSTRY CHARLOTTE, N.C. LABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys ar remaya VA HOSPETAL WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT permit. (Yes, no, or unknown) (If yes give war or dotes of service) 08 239 20 97 FORT HOWARD. MARYLAND CLINICAL RECORDS crematian. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY IMMEDIATE CAUSE (o) DUF TO signed Conditions, if any which gove (b) HYPERTENSIVE CARDIO-VASCULAR DISEASE YEARS rise to immediate cause (a). DUE TO stoting the underlying couse has been lost. WAS AUTOPSY PERFORMED? PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO K ARTERIOSCIEROTIC HEART DISEASE this certificate þ 200 ACCIDENT WAS UNDERLYING 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20s. TIME OF INJURY Month, Doy, Year Hour am. factory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After at wask Page 4 may be retained by 19 00 to OCT 21 OCT 4, 21 | certify that (1) (this hospital) ottended the deceased from. 19 66 that (1) (we) last sow the deceased alive on OCT 21 19 66, and that death occurred at 1035PM, from causes and on the date stated above. 22b. DATE SIGNED 10-22-66 22o. SIGNATURE ATTENDING directar, page 3 shauld be filed v DIRECTOR PHYS. PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND MUSTAFA H. ADATEPE, M.D. 23d. LOCATION (City or Town) BUR AL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) BURIAL (Specify) KANNAPOLIS, N.C. LISBURY NATIONAL CEMETERY 250 RECD BY REGISTRAR DATE CT 2 5 19 **ADDRESS** 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 13785 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death ge funeral ge free and after death 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) 1. PLACE OF DEATH b county Baltimore o EGUNTY Baltimore o STATE Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Towson Baltimore papers. Pe 21204 the attending physician and campletely filled in by sit permit. Then pleasertenove carbon papers. Pratian, or remaval, and propers, within 72 hour d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 405 E. Joppa Road St. Joseph Hospital NO A 3 NAME OF Middle DATE Lost Doy Year DECEASED Kablis October 19 66 10 (Type or print) John DEATH 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 10st birthdoy) Hours 6-24-91 Male White WIDOWED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? Lithuania Ret Builder

13. FATHER'S NAME Building 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown). (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO. 17. INFORMANT 235030000 Mrs. Josephine B. Kablis- Same No crematian, 18 CAUSE OF DEATH (Enter only one couse per one for (e), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY Congestive heart failure IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave Aortic insufficiency fb\ rise to immediate cause (o). DUF TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the chauld be tiled with the State Dept. of Health prior ta Arteriosclerosis, generalized, severe. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION YES DE NO F 205 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (etot2) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg , etc.) Not While 21. I certify that (this haspital) attended the deceased fram Oct. 9 th., 19 66 to Oct. 10, 1966, that (1) (we) last saw the deceased alive an Oct. 10 1966, and that death accurred at 5:30 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING allens for Oct. 10, 1966 M.D PHYS 22d. ADDRESS 22r. PHYSICIAN'S M.S. Cockburn, M.D. 7620 York Road, Towson, Md. 21204 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAL CREMATION BUTLA I 10/13/66 Parkwood Cemetery Baltimore ZSW. REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR lianles Loonard J. Ruck Inc. 5305 Marford Rd. #1h VR A15 (4) ( 20 M T/66 19\$6



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13786 CERTIFICATE OF DEATH be executed within 24 haurs after death ond completely filled in by the funeral nove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: perore admission o. Halltimore n. STATE b. COUNTY MARYLAND Maryland bon papers. Pages I within 72 hours after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) Baltimore Baltimore d. NAME OF HOSP, TAL OR INSTITUTION (II nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 2808 Emerald Rd NO E St. Joseph Hospital Middle 4 OATE 3. NAME OF First Last Month Year DECEASED 19 66 V. 28 Ella Keen 10 Type or print) DEATH DATE OF BIRTH IF UNDER 1 YEAR IF JNDER 24 HRS S SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs Female 11-29-82 White WIDOWED 10o USUAL OCCUPATION (Give kind of work dane. 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT pleysidon o during most of working life, even if retired) stic requires that the death certificate HOUSEWIFE 13 FATHER'S NAME 14 MOTHER'S MAJOEN NAME G. WAT the offending partition of the 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (If yes give war or dates of service) 5 Connell 2808 EMERALd NONE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) cerebral artery thrombosis **buriol-tronsit** PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) DUE TO signed l Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause ‡ has been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Page 4 may be retained by the haspiral or or FUNERAL DIRECTOR: After this certificate ق 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB) 200 ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED 20f. (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, office bldg , etc.) While Nat While at work ot work 21 I certify that (I) (this haspital) attended the deceased from saw the deceased alive on October 28 19 56, and the :15 M. from causes and an the date stated above and that death accurred at 22a SIGNATURE 22b. OATE SIGNED **ATTENDING** STAFF PHYS. 10-28-66 M.D. DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIAN'S 7620 York Road. Baltimore 21204 Md. NAME (Type) Elmo Gayoso MB. director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) BURIAL CREMATION. 23b DATE THEREOF (County) REMOVAL (Specify) BALT, MORE 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



. 1	MARYLAND STATE DEPARTMENT OF HEALTH	
A TO	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  13787 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  13790	
HEALTH DEPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before or	dmission)
to to to the to the to the to the	O COUNTY BALTIMORE MARYLAND O. STATE M.D. 6. COUNTS ALTO	
y delay is and 3 to PM3. Page artment of ffer death	b CITY OR TOWN (If outside corporate limits, c.ENGTH OF STAY IN 1b c C TY OR TOWN (If outside corporate imits write RURA, and give nearest town)	wr)
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ath tage th f	3 NAME OF First Middle Lost 4. DATE Month Doy	Year
r de y we P g w. f he in 7,	DECEASED (Type or print) ANNE M KELLY DEATH OCT 30	1966
be executed within 24 hours after death 1th "pending" in pencil in Item 18. Give Pages 1, lief Medica: Examiners Office along with farm insit permit file pages 1 and 2 with the State Dear removal, and a gang event within 72 hours ar removal.		JNDER 24 HRS. Hours Min.
hours Item 18 Office of Land 2 v	Tog. SUAL OCCUPATION (Give kind of work done   10b KIND OF BUSINESS OR   11 SIRTHPLACE (State or foreign country)   2 GITZEN OF W	HAT
s le	SCHOOL (E TENTER BALTO, CITY SCHOOLS PENASYLVANIA COUNTRY	
thin 24 miners pages	13 FATHER'S MAIDEN NAME	
L with mer Exame Exame File I	John Morgan Gwen	
should be executed to word "pending" in a the Chief Medica. E build-Itansit permit fimation, ar remaval, a	15 WAS DECEASED EVER N.U.S. ARMED FORCES? 16 SOCIA, SECURITY NO 17 INFORMANT Address (Yes no, or unknown) (If yes give, wor or dotes of service)	
Mec Property	AUCET	A. BETWEEN
"pe "pe hief ans:	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONGESTIVE CARDIAC FAILURE ONSET	AND DEATH
ould word he C ial-tr iton,	Conditions, it day, which gove ) DUE TO BILATERAL BRONCHO PNEUMONIA	
ta the burn	nse to immediate couse (a),	
ficate ing tl ded d as a a, cre	stoting the underlying couse (c)	
veriti writ rwat rwat sed buria	PART I, OTHER SIGNIF CANT CONDITIONS CONTRIB. TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND LON GIVEN IN PART 1(a) 19 W.	AS AUTOPSY REORMED?
This cate, be for the formula	PET YES  200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 1B.)  PRIMARY or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 1B.)	
uner: Transport of the certifical should be files.  3 should should be shoul		
MEDICAL EXAMINER: This please execute the certificate, all director Page 4 should be for retained for your files.  L DIRECTOR: Page 3 should be used the designated agent, prior to lits desig	20c. TIME OF INJURY Month, Doy, Year Hour a.m 19 Of Work of work of work  20d IN. JRY OCCURRED 20e PLACE OF IN. URY (Home, form, foctory, street, office bldg., etc.)  40 Occurrence of work o	(State)
L EXA recute Page for yau	2). I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in	my opinion
exercing far Programmer in the second far Pro	death resulted fram: Natural causes 2, Accident , Suicide , Homicide , Undetermined manner	
MEDICA please ex director etained to DIRECTO	ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHIE	DATE SIGNED
7, pl y, pl erel o ere RAL D	SIGNATURE M.D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	. 7
TO DEPUTY MEDITAL EXAM necessary, please execute the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page . Health or its designated age	EXAMINER'S NAME (Type) WILL, AM A. PILLSBURY Address (Street/Civil Garden) MP.  230 BUR AL EREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Stote)
10 the the He	BUNDALISTORY NOV. 2,1966 OAKLAWN CEMETERY BALTO, CO., N.D.	(31016)
VR A15ME (5)	24 FUNPIAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE	0
6M 1/66	John During Sous, Jourson, Med DATE NOV 3 1966 golianles	Judge



No.	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
± ₩	13788 CERTIFICATE OF DEATH 13791					
funeral funeral funeral funeral	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
er fer fer f	BALTIMORE MARYLAND 3. STATE M.D.					
is after by the full Pages 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					
ours Toom	RANDALLSTOWN BALTIMORY					
11ed hpers	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?					
in 2 1y fi 1y fi 1thin	CHAPEL HALL NURSING HOME 3506 5USSEX RA, YES NO NO					
d with mplete carboi ent, wi	OF DECEASED (Type or print) MARY ELIZABETH RELLY DEATH OCT. 14 19 66					
executed within 24 hours after death and completely filled in by the funeral femove carbon papers. Pages 1 and 2 n any event, within 72 hours after teath	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED OIVORCED FEB. 22, 1882  9. ACE (In years   IFUNDER 1 YEAR    FUNDER 24 HRS.   Isast birthday) Months Days Hours Min.					
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al al al	13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME					
ertific sing p Then emov	JOHN T. MILLER C. THERESA DENNING					
requires that the death certificate be eding physician. been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, and the	15. WAS OFCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) (Catherine V. Relly -3506 Spensey Ref.					
the tree	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 m					
at the ian. d by transi	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a)					
s th ysic igne rial-	234X DUE TO					
g ph g ph en s bu	Conditions, If any, which gave rise to Immediate (b)					
ndin bec	cause (a), stating the DUE TO underlying cause last.					
law requires that tattending physician, has been signed been signed been signed been as the burial-tram the prior to burial, cre.						
The or cate us	Softic entitles bleeden YES NO T					
JING PHYSICIAN: The law requir dby the hospital or attending parter this certificate has been d be detached for use as the be State Dept. of Health prior to be	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMEO?  YES NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
HYS the h this tetac Dep	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    Hour a.m.   While   Not While   at work   at					
NG P by t fiter be c State	Hour a.m. While Not While p.m. 19 at work at work					
R ATTENDIN s retained b RECTOR: Aft 3 should b with the St	21. I certify that (i) (this hospital) attended the deceased from, 19, to, 19 that (i) (we) last					
ATTE Petai Sho Ith I	saw the deceased alive on					
be we see	ATTENDING MED. STAFF					
TO HOSPITAL OR ATTENIPES 4 may be retaine for FUNERAL DIRECTOR: director, page 3 should be filed with the	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS					
HOS age age FUN rect	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town-or county) (State)					
5 5 5 5 4	Great (Specify) 10-17-66 Cathedral Cem. Fallinar Mil.					
W ME IN ST	24. FUNERAL DIRECTOR  ADDRESS  25a. REG'O BY REGISTRAR'S SICNATURE  Tables Compared of H. Catagoriel Web pare OCT 17 1966 Charles Judge					
VR #15 (4) 20M 1/65	Vally Caronaugh 10 Calonwill Mg, DATE 001 11 1000 for the grant					

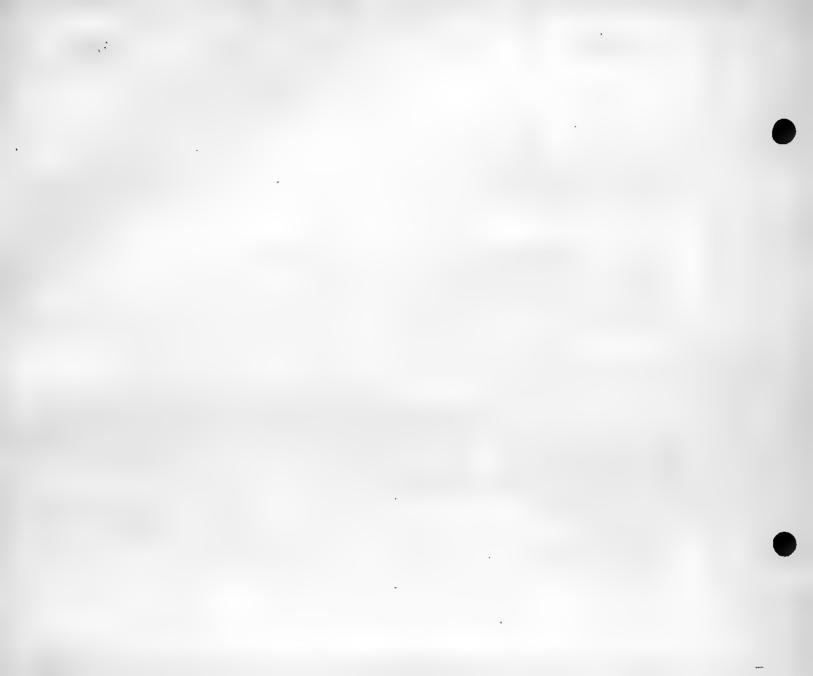


/ 1	MAKI GANG STATE DEPARTMENT OF HEALTH
Dorth	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
20.00	13789 CERTIFICATE OF DEATH 13792
# 100 P	1. PLACE OF DEATH) // E OF STILL OF DEATH) // E OF STILL OF DEATH)
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in by star differ d	write RURAL end give neerest town) 3 m cmths. (32/to (4) md
ilhir illed isge	NAME OF HOSPITAL OR INSTITUTION (if not in hospytel, give green, edgress), C. I. S. RESIDENCE
be executed within 2 and completely filled in carbon papers. Pages 1 nt, within 72 hours after	Faradise Nursing Home new 1688 72 Kand LEUE VES NOTE
cute	3. NAME OF DECEASED Lest A. DATE Month Dey Year
exe com thir	(Type or print) DITZ & PETY RETSEY DEATH OCT 1966
ba parbarbarbarbarbarbarbarbarbarbarbarbarba	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS.
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certificate bysician comove any even	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)  12. CITIZEN OF WHAT COUNTRY:
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uires tha /sician. id by th permit.	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
vire per per c	PART I. DEATH WAS CAUSED BY: COMPOSE AND DEATH
The law requires ff attending physician as been signed by the burial-transit permit al. cremation, or resistants.	The state of the s
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NDING PHYSIC Inned by the hosp R. Affer this certif detached for use t. of Health prior	20e. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.)
ATTENDING be retained by SCIOR: After uld be detached te Dept. of Hea	20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 2Df. (City or town) (Stete)  Hour a.m.  P.m. 19 et work et work
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OR ATTENDII may be retained DIRECTOR: Ai 3 should be detai	21. I certify that (I) (this hospital) attended the deceased from
OR AI mey be DIRECT Should	saw the deceased alive on Ogot C.19. d., and that death occurred all of the causes and on the date stated above.
	228. SIGNATURE ATTENDING MED. STAFF C/7/028. DATE SIGNED
PITAL C Page 4 m ERAL D page 3	M.D. PHYS. DIRECTOR PHYS. D
HOSPITAL ath. Page 4 FUNERAL ector, page filed with th	NAME (TYPO) WE MC (TYZ th 1303 France 12 Cathary 1/2
O HOSPITAL death, Page 4 O FUNERAL director, page be filed with the	23a, BURTATO CREMATION, 23b. DATE THEREOF 280 NAME OF CEMETERY OR CREMATORY CANADARY DEATION (CITY Town of CONTROL (Stole)
ರ್ಫ್ಟ್ ಕೃಡಿ	REMOVAL (Specify) /(/10/66 (i) ly Harvell SAN) 130 15
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS TS. RECT BY REGISTRAR 250 REGISTRAR'S SIGNATURE()
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2011 0 00	Filelip Restal.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13796 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a STATE b. COUNTY sportment of after death. MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN of outside corporate limits ond ESSEX SSEX NSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? NO I 3 NAME OF First Middle 4 DATE Dov Year DECEASED OF DEATH GEORGE 10 16 with S SEX AGE (In years IF UNDER I YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARR ED IF UNDER 24 HRS last birthday) Months Haurs MIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 1) BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? LONGSHOREMAN 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 8.5 IRTCHER puo 15 WAS DECEASED EVER IN .. S ARMED FORCES? 16 SOCA, SECURITY NO 17 INFORMANT 215-01-80123 AMELIA BEATTY 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) PART I DEATH WAS CAUSED BY A-S-C-Vused as o buriol-trans burial, cremation, or IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stoting the underlying couse last. 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) ose-YES NO or its designoted agent, prior to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN JRY OCCURRED (Enter nature of njury in Part I or Part II of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF the JRY Month, Day, Year PLACE OF INJURY (Home, form, 20f (City or fown) (County) (State) Hour o.m. factory, street, affice bldg , etc.) Not While at wark at wark 2). I certify that I took charge of the remains described above, held an Autopsy Inspection ... ond in my apinion Inquiry 🔛 death resulted from. Natura causes Accident . Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MED CAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 5 moy O FUNE Health NAME (Type) 235 DATE THEREOF 230. BURIAL CREMATION REMOVAL (Specify)

By R 1 9 1

24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) 300 6M 1/66



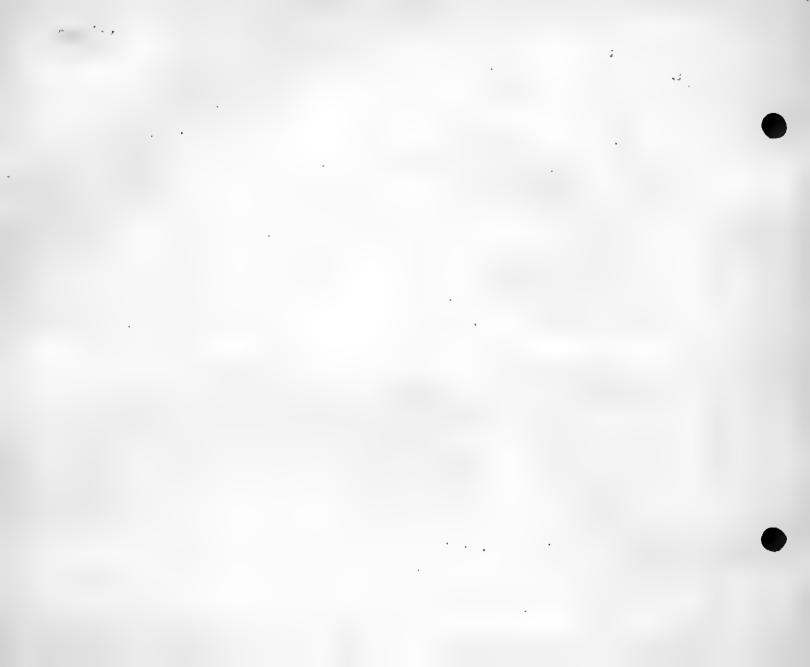
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY BALTIMORE MARYLAND and completely filled in by the CITY OR TOWN (If auts de corparate l'mits, c LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town ORG d STREET ADDRESS popers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? BALTO.H. YES: NO TE 3. NAME OF DECEASED Middle physeus and completely i DATE Year OF DEATH Oct. 1966 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX B. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A KETIKEC 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME NEILIE ELMER INFORMANT 16. SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 05-7629AMRS. FLOYD 7101 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stoting the underlying couse os the O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO be retained by the hospital or j 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While ot work 1966 2). I certify that (I) (this haspital) attended the deceased fram. M, fram causes and an the date stated above. saw the deceased alive an and that death accurred at 22o. SIGNATURE DATE SIGNED **ATTENDING** MED. DIRECTOR M.D. PHYS directar, page should be filed 22c. PHYSICIAN'S **ADDRESS** Poge 4 moy NAME (Type) 23d LOCATION (City or Town) BURIAL CREMATION. 23b DATE THEREOF (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 25d. REC'D BY REGISTRAR VR A15 (4) DATE

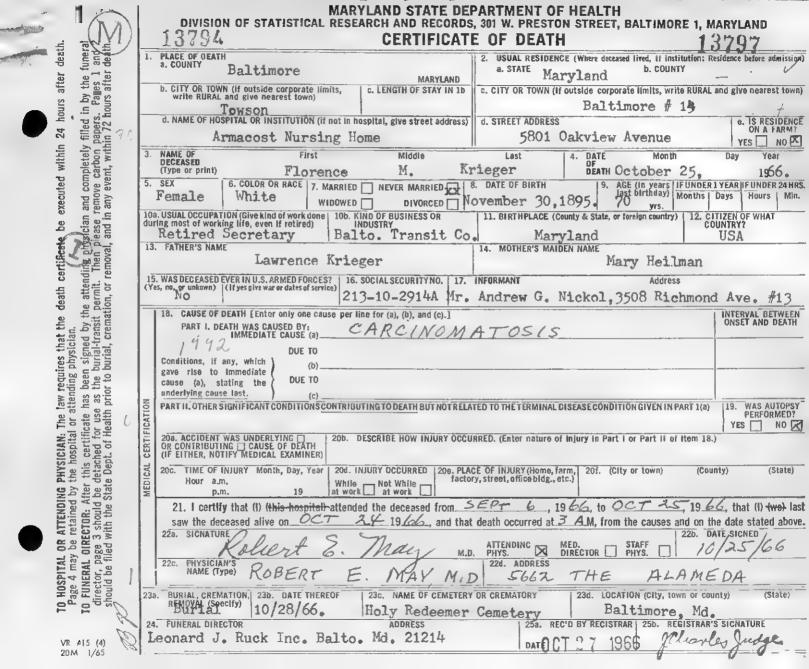


1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
after death.  the funeral  gex 1 and 2  after death.	13792 CERTIFICATE OF DEATH 13795	
e funeral and 2 expeath.	1. PLACE OF DEATH a. COUNTY Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE Maryland b. COUNTY Ba	sidence before admission) ltimore
hours	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  59 years  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  1200 Tugwell Drive  d. STREET ADDRESS  1200 Tugwell Drive	e. IS RESIDENCE ON A FARM? YES NO
	(13) be of bring	10, Year 66
	5. SEX male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years list white windowed Divorced 16/16/6/1884 9. AGE (In years list white months) 19. AGE (In years list white	Days Hours Min.
	10a. USUALOCCUPATION (Give kind of workdone   10b. KIND OF BUSINESS OR during most of working life, even if retired)   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or fereign country)   12. CIT   12. CIT   12. CIT   13. BIRTHPLACE (County & State, or fereign country)   12. CIT   13. BIRTHPLACE (County & State, or fereign country)   12. CIT   13. BIRTHPLACE (County & State, or fereign country)   14. BIRTHPLACE (County & State, or fereign country)   15. CIT   15. BIRTHPLACE (County & State, or fereign country)   16. KIND OF BUSINESS OR   15. BIRTHPLACE (County & State, or fereign country)   16. KIND OF BUSINESS OR   15. BIRTHPLACE (County & State, or fereign country)   16. KIND OF BUSINESS OR   16. BIRTHPLACE (County & State, or fereign country)   17. BIRTHPLACE (County & State, or fereign country)   18. BIRTHPLACE (Country & State, or fereign country)   18. BIRTHPLACE (Count	UNTRY?
	13. FATHER'S NAME Stephen Kocher	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no, or unknown) (If yes pive war or dates of service) 218-30-5096 Mrs. Julia Kocher 1200 Tug	well Rd.28
/	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 1  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Accumomo A. Lung	INTERVAL BETWEEN ONSET AND DEATH
	Ponditions If any which I DUE TO MORIAGE POR 1505 TO (6)	Months
	gave rise to immediate cause (a), stating the DUE TO	
		19. WAS AUTOPSY PERFORMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.)  30c. CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While factory, street, office bldg., etc.)	nty) (State)
		6, that (I) (we) last
	22a. SIGNATURE 22b. DA	TE SIGNED
,	22c. PHYSICIANS NAME (Type) Dr. James Nolan   22d. ADDRESS   1 Mallow Hill Road	7,00
,	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country Bullian (Specify) 10/12/66 Loudon Park Cem. Baltimore, Ma	
	24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S	
16	Mitchell-Wiedefeld Home 6500 York Rd. DATECT 13 1966 yollanda	Judge
5	Baltimore, Maryland 21212	1/



1	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
FUR STATE	13793 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13796					
HEALTH DEPTE	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Sesidence before admission					
578 E.E.	MARYLAND MARYLAND					
cessary funeral may be artment	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
S m 5 m	d. NAME OF HOSPITAL OR UNSTITUTION (if not in hospital, give street address) d. STREET ADDRESS					
nd 3 to Page State I hours a	4/12 Pene / till 4/12 Vene / till 36 VES NOV					
M3 M3 the	3. NAME DF BECEASED CHOOLS HENRY OF Last 4. DATE Month Day Year OF THE CHOOL 12 19 66					
Pages 1. 3 th form F nd 2 with and within	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HR. last birthday) Months Days Hours Min.					
r dea we Pa with and svent	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business DR library line in the library libr					
rs afte 18. Gi along along along	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
Hem 18	Charles Koffenberger Unknown					
2 in 0	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 212 -09 808 - Thronce W. Koffenbergn wife some					
uted within Examiner's Examiner's nsit permit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					
uted in Exar	PART I. DEATH WAS CAUSED BY: Athero Sclerotce Cardio Voscular Desere ONSETANO DESTIN					
d be executed "pending" in Medical Exa burlal-transit cremation, or	Conditions, if any, which					
id be "pen"  Med  buria	gave rise to immediate (cause (a), stating the DUE TO					
hould ord thief sal	underlying causa last. (c)					
the word the Chie the Chie used as a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED 7  YES   No   No					
R: This certificate should ate, miting the word forwarded to the Chief 3 should be used as a a gent, prior to burial, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH.					
R: This ate, == forward 3 shoul agent, i						
icate e 3 s	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Phour a.m. While Not While at work					
AMINE ertificild be lid be Page Page	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and in my opinion					
하는 그 등 등	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner					
rite to your NREC its d	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22. DATE SIGNED					
€ 84 € = °	EXAMINER'S . OHN & H. Le DEPUTY MEDICAL EXAMINER [] 10.12-66					
O DEPUTY M please exec director. Per retained for O FUNERAL of Health of	NAME (Type) Address (Street, city; town, or county)  23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)					
To direction of the second	REMOVAL (Specify) 10-15-1966   Parkwood Jenstory Baltimore 13.					
VR AISME (5)	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE  PATE OCT 1 4 1966 PCharles Judge.					
5M 1/65	Lassaknetunes of Hones 740/ Bellicentrond DATE UL! 1 + 1300					







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13785 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death please remove carbon popers Pages 1 and 2 and 1 and 10 and ond completely filled in by the funeral remove carbon papers Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. PLACE OF DEATH p COUNTY COUNTY a. STATE BALTIMORE MARYLAND E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate imits, FORT HOWARD BALTIMORE LL DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? 718 MELVILLE AVENUE VETERANS ADMINISTRATION HOSPITAL NO [ 3 NAME OF 4 DATE First Middle Lost Month Day Year DECEASED OF DEATH KROENING **OCTOBER** 14 66 JOHN 19 (Type or print) YEAR DATE OF BIRTH AGE (In years 1F UNDER IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 78 birthdoy) Months Days Hours MAY 12, 1888 MATE WHAT THE WIDOWED DIVORCED 11. BIRTHPLACE (County & State, at foreign country) 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY during mast of warking life, even if retired) BALTIMORE MARY LAND
14 MOTHER'S MAIDEN NAME GENERAL ELECTRIC 13. FATHER S NAME MARY WAFFER WILLIAM KROENING 15 WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes nive war ar dotes of service) VA HOSBIERAL 16 SOCIAL SECURITY NO 17 INFORMANT signed by the ottend burial-transit permit. cremation, or FORT HOWARD, MARYLAND 213 05 53 98 CLINICAL RECORDS INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY. BRONCHOPNEUMONIA IMMEDIATE CAUSE (a)\_ Page 4 may be retained by the hospital or attending physicion. **DUE TO** CHRONIC PYELONEPHRITIS UNKNOWN Conditions, if any, which gave rise to immediate cause (a) DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been be detached for use os the State Dept. of Health prior to CARCINOMA OF BLADDER UNKNOWN 19. WAS AUTOPSY
PERFORMED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MEDICAL CERTIFICATION 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram SEPT 1, 1966, to OCT 11, 1966, that (I) (we) last saw the deceased alive an OCT 11, 1966, and that death accurred at 5150 M, fram causes and an the date stated above. director, poge 3 should should be filed with the 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN S QURESHI. M. D. VAH FORT HOWARD, MARYLAND NAME (Type) ABDUS S. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23g BUR AL, CREMATION, BENAGVAL (Specify) 10-18-66 BALTIMORE, MARYLAND BALTIMORE NATIONAL 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** RUCK FUNERAL HOME VR A15 (4) 20 M 1/66 HARFORD ROAD BALLET

ę.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH the funeral hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY **8. STATE** b. COUNTY laruland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by the MARYLAND C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) sician and completely filled in by lease remove carbon papers. Pag and in any event, within 72 hours Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Victoria Avenue Victoria ND YES Avenue executed within 3. NAME DF DECEASED Middle Last DATE Month Day Year (Type or print) Emili Kunker DEATH October 17 19 66 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED X DATE OF BIRTH Days Female. WIDOWED DIVORCED [ December 4 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? NONE 'Maruland Baltimore LISA 13. FATHER'S NAME MOTHER'S MAIDEN NAME Arthur Kupker inda Aberbach 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) After this certificate has been signed by the a does detached for use as the burial-transit per estate Dept. of Health prior to burial, cremation, Arthur Kupfer, 3823 Victoria 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? NO T YES . 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Intury in Part 1 or Part 1) of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on M, from the causes and on the date stated above. and that death occurred at 12 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. Page 4 may 1 M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23d. LOCATION (City, town or county) (State REMOVAL (Specify) Beth Thiloh Baltimore, Maryland Burial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a, REC'D BY REGISTRAR & BROS.INC. 6010 REISTERS VR A15 (4) 15M 4-64

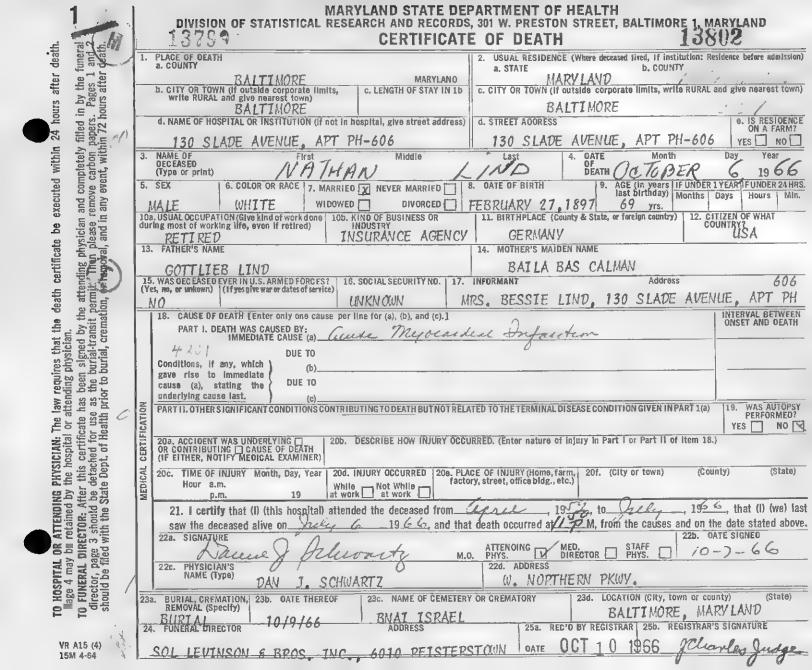


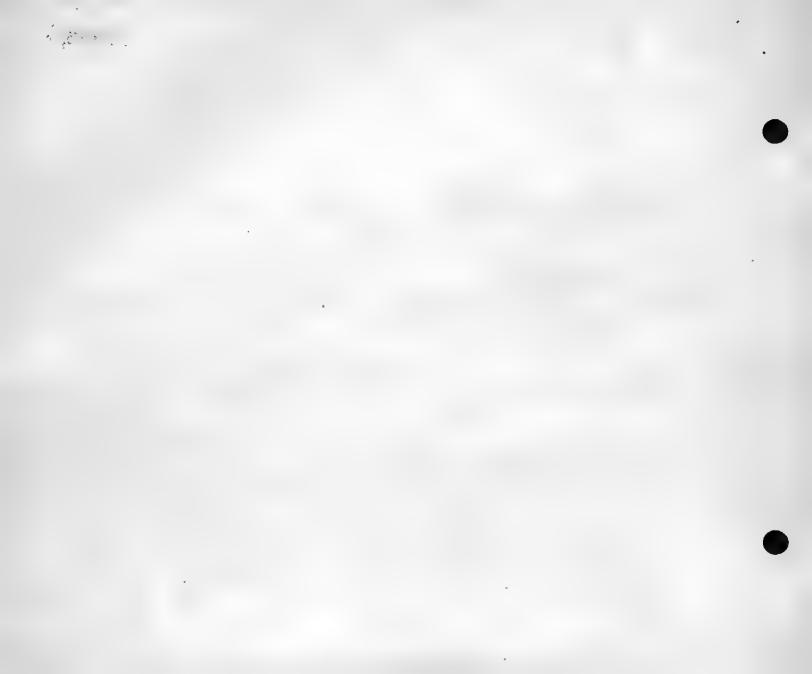
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13797 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DER PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) p. COUNTY b COLNTY Broward and 3 ta M3. Page o STATE Balto. Q 2 Florida MARY, AND delay ment b. CITY OR TOWN (If outside corporate imits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate mits write RURAL and give nearest town) de PM3 write Pt RAL and wive nearest town) after 12 hrs. Deerfield Beach Departr d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE form haurs ON A FARM? Holiday Inn- Reisterstown Rd. 1616 Southeast Sixth St. Give Pages ate NO T hours after death 3. NAME OF Middle with the Sto within 72 I First lost 4. DATE Month Dov Year DECEASED 19 66 Derethy Marion 11 Lenn Oct. (Type or print) DEATH S SFX 6 COLOR OR RACE 7 MARRIED (X) 8 DATE OF BIRTH AGE (In years F UNDER YEAR **NEVER MARRIED** IF UNDER 24 HRS 6 lost birthdoy) Months Dovs Hours Female White Feb. 12,1902 WIDOWED DIVORCED Item 1 event 100 LSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Houswife Own Home COUNTRY? 24 QUA Plattsburgh, N. Y. w:thin 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil ⊆ Exargi Elizabeth Southwick Howard Clark File gud 15 WAS DECEASED EVER N.U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16 SOCIAL SECURITY NO. 17 INFORMANT This certificate shauld be executed Address permit. remaval, pending" 152-07-4050A Mr. Charles Adolf Lemm, Deerfield Beach, Fla. ne 18 CAUSE OF DEATH (Enter only one couse per the for (o), (b), and (c),) MTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY D Coronary Occlusion IMMEDIATE CAUSE (o). word used as a burial-tra burial, crematian, DUE TO Conditions, if any, which gave Hypertensive C-V Disease 16 yrs. (6) writing the rise to immediate couse (a), DUE TO stoting the underlying couse forwarded last. nsed PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLE NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? please execute the certificate, YES NO X agent, priar to pe 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of niury in Part I or Part II of Item 183) 3 should PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH. 20c TIME OF INJURY Month, Doy, Year 20d INIURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (County) (State) Hour o.m. While Not While foctory, street, office bldg , etc.) may be retained for your FUNERAL DIRECTOR: Page of work none 19 ot work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my apinion the fumeral director. death resulted from: Notural causes X. Accident Suicide , Hamicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER X ö **EXAMINER'S** D. D. Caples, M. D., 6 Hanover Reddingss Redstewstermy Md. Health NAME (Type) 10-11-66 23c NAME OF CEMETERY OR CREMATORY 236 DATE THEREOF 23d. LOCATION (City or Town) BURIAL CREMATION (Stote) 0 Oct. 11.1966 Loudon Park Crematery Baltimore Md. 24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR ATSME (5) Frank H. Newell, Pikesville 8, Md. 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ond 2 death law requires that the deoth certificate be executed within 24 hours ofter death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH Baltimore o. STATE Maryland b. COUNTY a. COLINTY Baltimore MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Baltimore #34 Parkville d. STREET ADDRESS 8612 Old Harford Road remove carbon papers. d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) e 15 RESIDENCI ON A FARM? 8612 Old Harford Road YES NO 3. NAME OF Lost 4 DATE Manth Year Albert Francis Xavier LePore OF 23. 1966. DECEASED
(Type or print) October DEATH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy] Hours Days White Male Sept. 12, 1913 WIDOWED 11. BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) Sewing Machines Italy USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physi Eugenio LePore Adeline Bancala IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) (Same) Mrs. Hattie LePore INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) buriof-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave " rise to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES | NO F for 20o ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Nat While factory, street, affice bldg., etc ] Hour om. at work at work L (107 00, 19/1, to (07 23, 19 6, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram\_\_\_ 19.66, and that death accurred at 2.2 PM, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** DIRECTOR director, poge 3 should be filed v M.D PHYS. 22d. ADDRESS 22c. PHYSICIAN'S MARTER NAME (Type) Maryland (Stote) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23g. BURIAL CREMATION. BURLAL (Specify) Parkwood (emetery 0. , 2Sa. REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Leonard J. Ruck Inc. Balto. Md. 21214





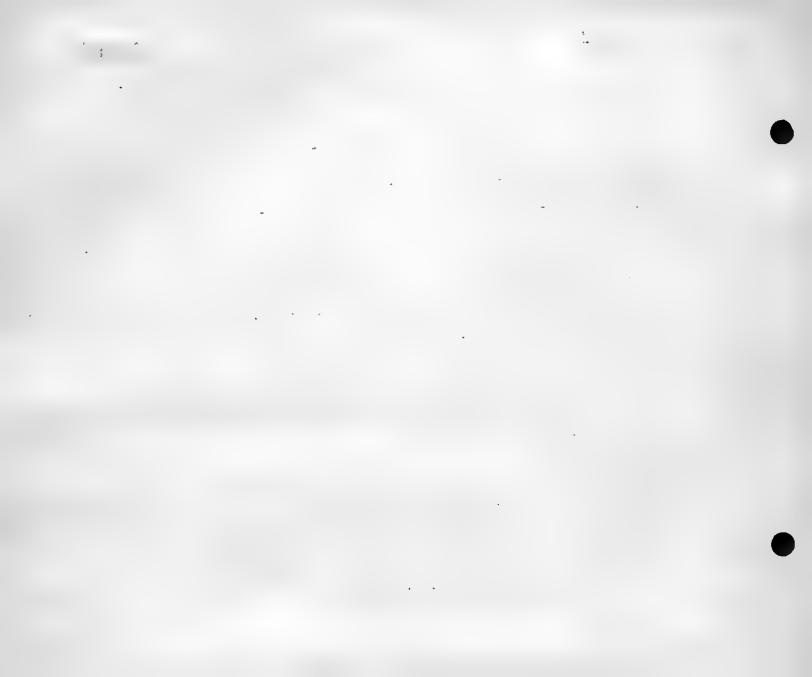


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13900 MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o COUNTY o STATE b COUNTY ō MARYLAND b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate Jimuts, write RURAL and give nearest town) (If not in hospital, a ve street address) d STREET ADDRESS hours ON A FARM? 3 NAME OF DATE DECEASED (Type or print DEATH FUNDER LYEAR 7 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS ost birthday) WIDOWED TO DIVORCED 100 USUA, OCCUPATION (Give kind of work done 10b. KIND OF BLS NESS OR 11 BIRTHPLACE (State or fore-gn country) 12 CITIZEN OF WHAT during most of working INDUSTRY COUNTRY? 14 MOTHER'S MAIDEN NAME to SOCIAL SECURITY NO. bm executed 17. INFORMANT (Yes, no, ar unknown) (If yes a ve war or dates of service) removal. 18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH cremation, or IMMEDIATE CAUSE (n) This cert ficate should the word DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse lost burial, PART II OTHER SIGNIF.CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED? NO DO 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lor Part Lof Item 18.) PRIMARY D or CONTRIBUTING D CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm (City or town) (County) Hour om. Not While factory, street, office bldg., etc.)may be retained far your FUNERAL DIRECTOR: Poge of work 19 ot work 21. I certify that I took charge af the remains described above, held on Autopsy .... Inspection X Inquiry XI. ond in my opinion death resulted from: Noturol couses Accident . Suicide Undetermined monner Homicide be retained CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLTY MEDICAL EXAMINER **EXAMINER'S** 5 may 170 FUNER Address (Street city, town, or county) BURIAL CREMATION 23d, LOCATION (City or Town) (Stote) REMOVAL (Specify) BALTIMORE. BURTAL 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15ME (5) DATE

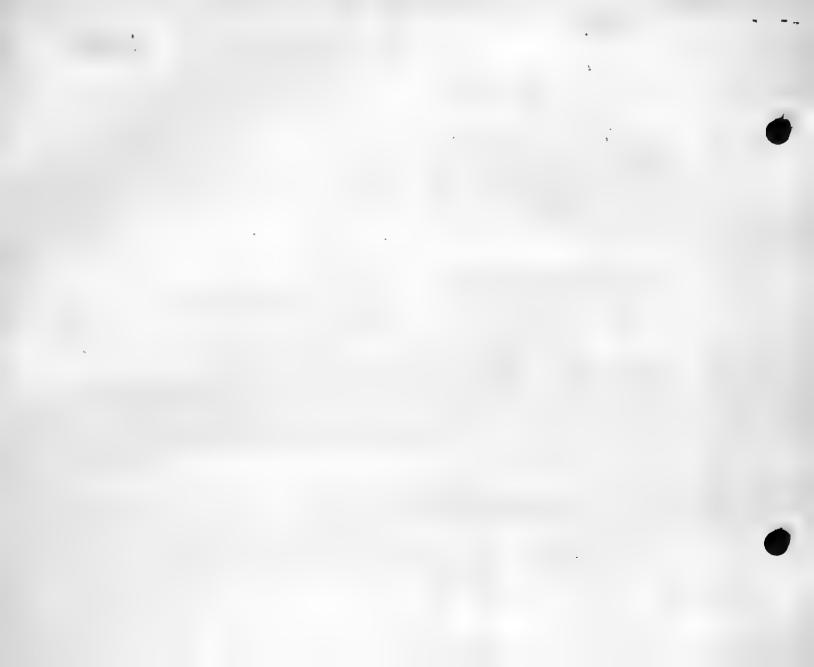


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13801 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death 2. USUAL RESIDENCE (Where deceased lived, if institut on 1 PLACE OF DEATH Residence before admission a. COUNTY o. STATE **b.** COUNTY BALITIMORE MARYLAND MARYLAND DORCHESTER b CITY OR TOWN (1f outside corporate limits write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) FORT HOWARD 23 DAYS CAMBRIDGE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e 15 RESIDENCI bon popers. and in ony event, within 72 ON A FARM? VETERANS ADMINISTRATION HOSPITAL BELVEDERE AVEIUE NOT 3 NAME OF Middle 4 DATE First Last Month Year DECEASED OF ALBERT I. LOVE 28 OCTOBER 66 19 (Type or pnn+) DEATH remove car IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Manths last hirthday) Hours MALE WHITTE NOVELBER 25.189R WIDOWED DIVORCED 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) during most of working life, even if retired) **COUNTRY?** INDUSTRY STORE BALTIMORE. MARYLAND U.S.A -MAJAGER 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME JEROME LOVE JOSEPHINE DEAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no. of unknown) (If yes give war or dates of service) 214 07 CLIN. RECORDS. VA HOSPITAL. FT HOWARD. MD. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) signed by the burial-tronsit p UNITED AND DEATH PART I DEATH WAS CAUSED BY THROMBOSIS OF BASILAR ARTERY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause Poge 4 may be retained by the hospital or attending for use as the Health prior to lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept of Heolth HEART DISEASE ARTERIOSCLEROTIC YES A NO O FUNERAL DIRECTOR: After this certificate director, mage 3 should be detached for us 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While at wark 10/28/66, 19\_\_\_, that (1) (we) last 10/5/66 . 19 2). I certify that (1) (this haspital) attended the deceased from . ta director, mage 3 should should be filed with the 10/28 M, fram causes and on the date stated above. /66 19 and that death accurred at... saw the deceased glive an 22b. DATE SIGNED 10/28/66 22a SIGNATURE ATTENDING STAFF PHYS. ware DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S PETER V. JUVAN. VAH FORT HOWARD, MARYLAND NAME (Type) M. D. 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Jown) (County) (Stote) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** THOMAS FUNERAL HOME VR A15 (4) 20 M 1/66 CALCERTION

MARYLAND STATE DEPARTMENT OF HEALTH



1 8	MARYLAND STATE DEPARTMENT OF HEALTH  DWISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH					
1 2 = - N. M.						
funeral funeral	1. PLACE OF DEATH a. COUNTY 3. STATE b. COUNTY b. COUNTY	before admission)				
urs after n by the Pages 1 ours afte	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearesty town)	ve nearest town)				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in pospital, give street address) d. STREET ADDRESS / 43 Hawthorne Rd.	B. IS RESIDENCE				
	2604 NARWOOD IN 240N//XXXW000/180/	ON A FARM?				
rted within completely ve carbon event, with	3. NAME OF DECEASED (Type or print) Ruth A. Lublow Death Oct 30	19 46				
executed wi and comple remove carl i any event,	5. SEX   6. COLOR, OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   last birthday)   Months   Days   WIOOWED   UNIF 2/ 1897   4 yrs.	Hours   Min.				
e be execu sician and ( lease remo) and in any	10a. USUAL OCCUPATION (Give kind of work done of the line of the l	OF WHAT				
tiffcate fe physi hen ble noval, a	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME					
n certi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IMPORMANT Address (Yes, no, or unicown) ((fyes give war or dates of service))					
death e att perm ion, c	NO 150-14-0973 FAMILY HECORDS					
t the an. I by th ansit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), 'and (c).]  PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Lest in a both was caused by:  **The course of the course	ERVAL BETWEEN				
law requires that the death certificate be executed within tending physician.  In seem signed by the attending physician and completely a sthe Unital-transit permit. Then blease remove carbon prior to burial, cremation, or removal, and in any event, with	Conditions, If any, which DUE TO acroin omatoris	mus -				
IN: The law requir ital or attending priffinate Mas been for man as the firms.	gave rise to immediate cause (a), stating the DUE TO acleno Caracinoma of the helf Colon. underlying cause last.	clet				
he law or atte sta sta sta sta sta		WAS AUTOPSY PERFORMED?				
PHYSICIAN: The the hospital or a This mertificate detached for usite Dept. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEAS CONDITION GIVEN IN PART 1(a)   19.   YE   20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)					
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. INTELLITOR: After Lais mertificate las been signed by a 3 should be detached for usen as the Deriel-transed with the State Dept. of Health prior to burial, cre	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19   20d. INJURY OCCURRED While at work at work at work at work   20f. (Clty or town) (County)	(State)				
NDIN ned to the African	21. I certify that (I) (this hospital) attended the deceased from 14 Cyt., 1966, to 30 act, 1966, th	hat (I) (we) last				
A ATTENDI F retained THITOR: A 3 shoul	saw the deceased alive on	e stated above GNED				
L OR JE STEEL OR STEEL S	M.D. ATTENDING MED. STAFF 10-3	0-66				
O HOSPITAL OR Page 4 may lie TINERAL BIR director, page should be filed	22c. PHYSICIAN'S JULIA C. HYLE 22d. ADDRESS 7527 BELAIR RD					
Page Page direction should be should	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATION (23d. LOCATION (City, town or county)  13 LIZIFE   1/- 2-46   1/5 T   1/4 M   1/4 K   C 1/4   NEW   NEW	(State)				
VR A15 (4)	24. FUNERAL DIRECTOR  ADDRESS	NATURE /				
15M 4-64	CIFIL WHAS ISON OBOTTHER FORD TO DATE TO TO TO THE	1				



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
STATE	13803 MEDICAL EXAMINER'S (				1380	13806		
H DEPT.		PLACE OF DEATH O COUNTY Balte.		MARYLAND	2 USUAL RESIDENCE (V	Where deceased lived, if institut b COU		
e Department of H		b (ITY aR TOWN (If outside carparate limits write RLRAL and give nearest tawn) Rendellstown		D.O.A.	Reisters	tside corparate in ts write RU	RAL and give neare	,
ote Depr hours of		d NAME OF HOSPITAL OR INSTITUTION (If not			d STREET ADDRESS			e is residence on a farm?
2 * .	3	Waltimore County (		Middle Middle	305 High	meadow Rd.	th Do	YES NO Yeor
WITHIN 12		DECEASED (Type or print) Anna		M.	Lydon	OF DEATH OC		3 19 66
		SEX Female 6 COLOR OR RACE White	MARRIED WIDOWED	NEVER MARRIED	8-29-1898	9 AGE (In years b rihdoy) yrs.	Months Doys	
any event	dur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if refired)  Housewire	10b KIND OF E		11 BIRTHPLACE (Stote  Baltimor	e, Md.	12 CITIZEN O COUNTRY U.S. A	F WHAT
2 5	13.	Frederick P. Ki	порр		Annie M.			
it permit. Fil removol, an	1S (¥6	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no or unknown) (If yes give war or dates of s	erv ce) 16 SOCIAL S		NFORMANT  Mery E. B	esley, 305 Hi	čeisterst chmeadow.	
mation, or rem		18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o					IN	TERVAL BETWEEN NSET AND DEATH
		Conditions, if ony, which gove tise to immediate couse (a), DUE TO	Arterio	scleretic 0	-V Disease		2	2 yrs.
		stating the underlying couse (cost.						
A	F CATION	PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(0)		WAS AUTOPSY PERFORMED? YES NO
	CERT	200 EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH.	20b DESCRIBE	HOW INJURY OCCURRED	(Enter nature of injury in	Port For Part Fraf tem 18)		
	MED CAL	20c TIME OF INJURY Month, Doy, Year Hour o.m.			CE OF INJURY (Hame, farm ory, street, affice bldg , etc )		(County)	(Stote)
ns aesignored ugent,		21. I certify that I taak charge death resulted from. Natural	-		ld an Autapsy [], ide [], Hamicide		· -	d in my apinia
		ACTUAL SIGNATURE Z 2. 7.	12/	-	CHIEF MEDICAL M_D ASSISTANT MED	ICAL EXAMINER	_	22. DATE SIGNED
e d		EXAMINER'S D. D. Caple:	, M. D.	6 Hane		Lexaminer 🖪 Lexidemistown, Me	1. 10	0-5-66
	230	BURIAL, CREMATION, REMOVAL (Specify)		NAME OF CEMETERY OR	CREMATORY GAR.	23d LOCAT ON (City or To	wn) (Count	y) (Stote)
i)	24	Funeral Director John J. Cowan & Son,		ADDRECK	ar- prov		GISTRAR S SIGNATU	ire Judge

FILM G 381 - 10/13/66 - mnb

(FIRST REPORTED ON REGULAR DEATH CERTIFICATE FORM AND THEN CHANGED TO M.E.)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13804 CERTIFICATE OF DEATH and 2 death. executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a STATE Maryland a COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (flautside corporate limits, write RURAL and give negrest lawn)

Towson c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 3 vears Baltimore d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Towson Convelescent Home Marylander Apts YES NO TH 3. NAME OF Middie 4 DATE Last Manth Day DECEASED William October 17 (Type or pent) Mahonev 19 66 M. DEATH 5 SEX 6 COLOR OR RACE B DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED dast birthday) Male White Dec. 14.1882 WIDOWED X DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? **INDUSTRY** Newspaper Publisher Wisconsin J.S.A. Circulation Director requires that the death certificat 14. MOTHER'S MAIDEN NAME George Mahonev Katherine Coughlan IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address Towson, Md. (Yes, na, or unknown) (If yes give war or dates of service) William Mahoney(son) 307 W. Chesapeake Ave. 212-01-7089 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) fransit HEMORRHACE PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL LYPERIENSIVE CARDIOVASCULAR RENAL Canditions, if any, which gave r'se to immediate cause (a), **DUE TO** stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K 20a, ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City ar tawn) 20c. TIME OF INJURY Month, Day, Year (County) (State) Hour am. factory, street, affice bldg., etc.) Nat While at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this hespital) attended the deceased from MAR . 1964. to OCT /7, 1966, that (1) (we) last 17 1960, and that death occurred at 1/40. M, fram causes and on the date stated obove. sow the deceosed aliveron COCT 220. SIGNATURE-22b. DATE SIGNED STAFF **ATTENDING** 10/20/66 M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) T. C. Siwinski, M.D. 206 W. Pennsylvania Ave., Towson, Md. 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Baltimote, Maryland Oct. 20,1966 New Cathedral Cemetery 2Sa. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Brooks Towson 1050 York Road Charles VR A15 (4) 20 M 1/66 1966 Towson, Maryland 21204 DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13805 y filled in by the funeral in papers Pages 1 and 2 orthin 72 hours after death. requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH county o. STATE b. COUNTY Baltimore Maryland MARYLAND ve carban papers Pages I event, within 72 hours after b CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Baltimore 21207  ${ t Baltimore}$ e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS ON A FARM? St. Josephs Hospital 3602 Kelox Rd. 21207 YES NO 3 NAME OF Middle 4 DATE First Year remave carban Doy DECEASED 66 MALDEIS October 6 Lillian Marie 19 DEATH (Type or print) 9, AGE (In years IF JNDER I YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** birthdoy) Dovs Hours July 20, 1886 WIDOWED TO female white DIVORCED 1) BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR during most of working life, even if retired) lease **COUNTRY?** INDUSTRY and Housewife

13. FATHER'S NAME Baltimore Rd.

14 MOTHER'S MAIDEN NAME ar removal Samuel Smith Mary C. Yingling 17. INFORMANT IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO Rt. 2 Box 478
Severna Park M (Yes, no, or unknown) (If yes give war ar dates of service) No Mr. Albert F. Maldeis None crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burnal-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Myocardial infarction, acute, left ventricle signed by IMMEDIATE CAUSE (o. Page 4 may be retained by the haspital ar attending physician. DUE TO burial. Thrombosis, left coronary artery Conditions, if only, which gove rise to immediate couse (a), DUE TO stating the underlying cause as the prior tal TO FUNERAL DIRECTOR: After this certificate has been Arteriosclerosis, generalized. last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUI NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use te Dept. of Health Infarction, right upper lung. YES 30 NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) 20p ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg, etc.) Hour om. While Not While at work OR ATTENDING ot work 21. I certify that (1) (this hospital) attended the deceased from August 27 saw the deceased glive on October 6 1006, and that death accurre 1966 to October 6 1960 that (M (we) last and that death accurred at 4:15am, from causes and an the date stoted obove 22b. DATE SIGNED 22o. SIGNATURE Cockburn, M.D. 10/6/66 MD DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIANS 7620 York Rd., Baltimore, Md. 21204 director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 236 DATE THEREOF (Stote) 230 BURIAL, CREMATION REMOVAL (Specify) 10/8/66 Druid Ridge Cemetery Pikesville 8 Md.
REGISTRAR 2Sb. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) Loring Byers-8728 Liberty Rd. Randallstown, Md. DAIF 1956 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



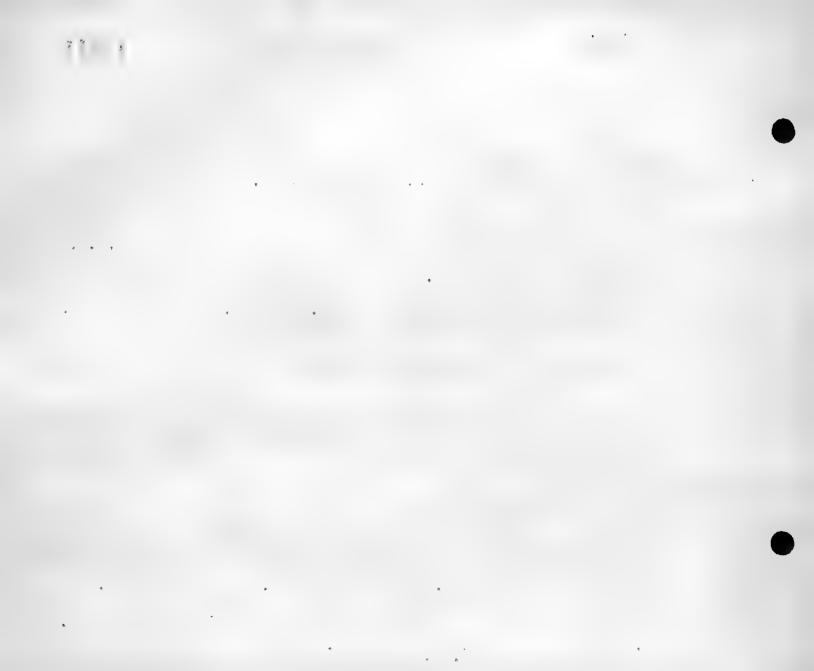
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13865 attending shysician and campletely filled in by the funeral permit Fillen, please 1 and 2 within 24 hours after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY o. COUNTY BALTIMORE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAYS BALTIMORE HOWARD o IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 31h9 LYNDALE AVENUE YES 🗍 NO VETERANS ADMINISTRATION HOSPITAL Middle 4 DATE Month Year 3. NAME OF First Lost DECEASED 18 CHARTES OCTOBER EVERETT MANIFY DEATH (Type or print) requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years DATE OF BIRTH S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED ast birthdov) Months Hours WIDOWED DIVORCED 3661 yrs. WHITE OCTOBER 13 MALE 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY HENRY WEST VIRGINIA U.S.A CAB DRIVER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WITHIAM MANLEY MARY \*\*\*\*\* Keys 17. INFORMANT VA HOSPITAL 15. WAS DECEASED EVER IN U.S. ARMED FOR CES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dates of service FORT HOWARD, MARYTAND 216 07 83 65 CLINICAL RECORDS YES burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per tine for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) signed by DUE TO TERMINAL RECURRENT CARCINOMA OF LARYNX 1 YEAR Conditions, if any, which gove rise to immediate couse (a), DUE TO as the priar ta stating the underlying couse Page 4 may be retained by the haspital or attending D FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION with the State Dept. of Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20o ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20e PLACE OF INJURY (Home, form (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour om. Not While ot work , 19 66 , to OCT 18 21. I certify that (1) (this haspital) attended the deceased from CT 13. 19.66, that (I) (we) last 19 66, and that death accurred at 1.750 M, fram causes and an the date stated above. 3 should saw the deceased alive an OCT 18 22b. DATE SIGNED 22o SIGNATURE ATTENDING STAFF PHYS. 10-18-66 DIRECTOR director, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VA HOSPITAL FORT HOWARD MARYLAND BURCH. M.D. PETER G. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) Oct. 21, BATITIMORE. MARYLAND BATTIMORE NATIONAL 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR WM. COOK-BROOKS VR A15 (4) INC. ST. PAUL & PRESTON STS., BALTIMORE, MD. 20 M 1/66



1.5	1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
and the same	6	-	13867 CERTIFICATE OF DEATH 13810		
	death. funeral and 2 and 3 and		1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)	
	after d			BALTIMORE MARYIAND " NA SARANE HOUNE	
	s af by th			b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)	
	hour d in rs. I		_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the "unial-transit permit." Then please, remove carbon papers. Pages 1 and 2 should be stated that the please of the please of the please of the please.	40	D	VIANEY-TOWSON NURSING HOME WESTER 205 DATE Rd VES NOW	
	ithin etely bon with		3.	NAME DE . First Middle . Last   A DATE Month Day Year	
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	S G S S S S S S S S S S S S S S S S S S		10a	USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR Ing most of working life, even if retired) INDUSTRY COUNTRY?	
	e be			TEACHER EDUCATION HINETRUNDE/Co. NO. U.S.A.	
	ificat ender		13.	FATHER'S MAME  14. MOTHER'S MAIDEN NAME	
	Certing and in The		15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	ath atte		(Ye	NO (If yes give war or dates of service) D14-40-5753 NURSING HOME REGORDS	
	e de the it pe			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
	at the jan, d by crems			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Recurred Mercal through bare 2 2712	
	s the			cenditions, If any, which \ DUE TO Planterin scherofice, pardio miller dicines 5+ mo.	
	quire guire guire sen s e llu n			gave rise to Immediate	
	endine as be		_	underlying cause last. (c)	
	The law requires that the death certificate be or attending physician, aste has been signed by the attending physicial use as the laurial-transit permit. There please all manner to hurial cramation, or removal, and	Α	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	
	tal or iffical		IFIC/	YES ND V  20a, ACCIDENT WAS UNDERLYING 1 2Db. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.)	
	PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed be detached for use as the Illurial-tran of the of the Hospital from the Open of Health pring for	3	CERI	20a. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CDNTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	the h		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (County) (State)	
	NG Dy I		MED	p.m. 19 at work at work	
	ATTENDING retained by CTOR: After should be			21. I certify that (1) (this hospital) attended the deceased from Moderate at the deceased alive on the date stated above.	
	ATT rets SCT0			22a. SIGNATURE   22b. DATE SIGNED	
	L OR be olike	2		ATTENDING MED. STAFF DIRECTOR PHYS. C. Det 29 1966  22c. PHYSICIAN'S 22d. ADDRESS, 22d	
	O HOSPITAL OR ATTENDING PONE A may be retained by O FUNERAL DIRECTOR: After director, page 3 should be director, page 3 should be	7		22c. PHYSICIAN'S NAME (Type) FREDERICK J. VOLIMER 6100 YORK RD BALTIMORE 21212	
	HOS age FUN FUN	3	23a	BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)	
	2 2 2	,		REMOVAL (Specify) 10/29/1966 Woodlawn Woodlawn, Balto.Co., Md.	
	NO 115 (0		24 H	W Tonking & Song Co 1905 Vonk Rd	
	VR #15 (4) 20M 1/65	The	1	Balto.12, Md. DATE QCI 31 1900	
		13			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13808 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. death and campletely filled in by the funeral remave carbon papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY a. STATE **b.** COUNTY Maryland Baltimore Baltimore MARYLAND b CITY OR TOWN (If outside corporate imits, ELENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours write RURAL and give nearest town) Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCI within 72 ON A FARM? 2006 Indian Head Road 2006 Indian Head Road NO IX 3. NAME OF First Middle Lost 4 DATE Manth Year DECEASED William H. Marshall. Jr. October (Type or print) DEATH 66 IF UNDER S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years F UNDER 1 YEAR lost birthday) Manths Doys DIVORCED WIDOWED 106 KIND OF BUSINESS ORA etna 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Insurance- Life Virginia Manager 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Bessie Marshall William H. Marshall. Sr. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) [If yes give wor or dotes of service] Maude C. Marshall Yes 18. CAUSE OF DEATH (Enter only one couse per **burial-transit** PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by physician. DUE TO Canditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO T Page 4 may be retained by the haspital ar 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (State) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (Caunty) Haur o.m. foctory, street, affice bldg., etc.) Not While ot wark ot work 21. I certify that (I) (this ended the deceased from N and that death occurred at 132 am, from couses and on the date stated above sow the deceased olive on. 22b. DATE IGNED 22o SIGNATURE STAFF PHYS. **ATTENDING** 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 2 W. University Dr. William F Fritz directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b DATE THEREOF (County) REMOVAL (Specify)
Burial Druid Ridge Pikesville. Balto Co 24 FUNERAL DIRECTOR I.W. Jenkins 2Sb. REGISTRAR S SIGNATURE 25g. REC'D BY REGISTRAR Sons Wearles DATE OC



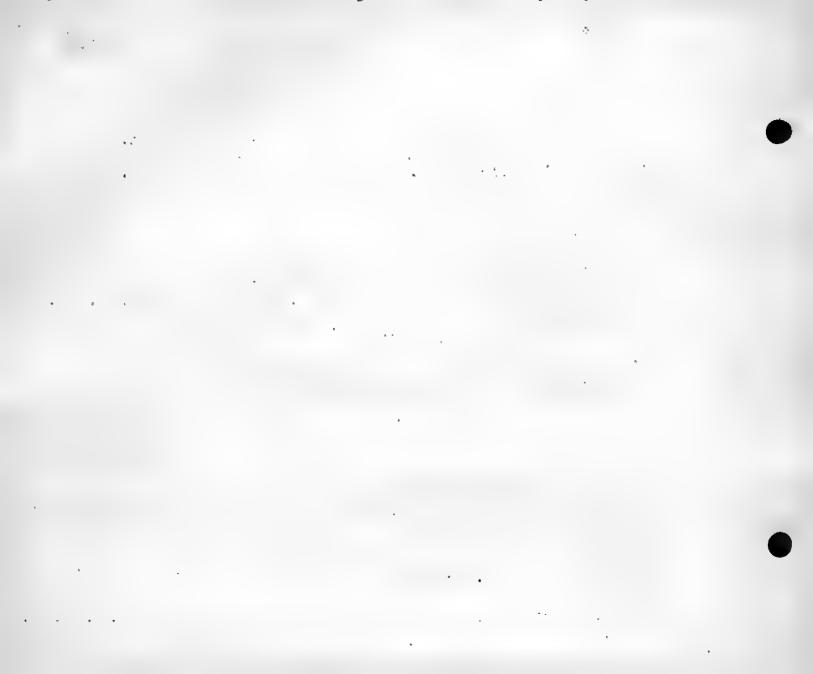
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13809 CERTIFICATE OF DEATH qnd-2 death. PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. and completely filled in by the funeral remove corbon papers. Poges 1 gnd-PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission.) a. COUNTY b. COUNTY o. STATE Maryland Maryland Baltimore MARYLAND Baltimore remove corbon papers. Poges 1 n any event, within 72 hours after b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and awe negrest tawn) 15 years Baltimore Baltimore 130 year d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 2012 Mosby Avenue 2012 Mosby Avenue NO X 3 NAME OF Middle 4. DATE First Last Manth Year DECEASED (Type or print) 19 66 Donald Martin DEATH October AGE ( n years last birthday) S SEX 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Months Days Haurs WIDOWED DIVORCED 10-19-1911 White Male Toa USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT **INDUSTRY** COUNTRY? Baltimore Electrician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William T. Martin Mary G. Leurs WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT buriol-tronsit permit. (Yes, no, or unknown) (If yes give wor or dates of service ŏ 212-05-7312 Mary Jane Martin 2012 Mosby Avenue NO 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO 4SCV) Canditions, if any, which gave (b) rise ta immediate cause (a), **DUE TO** os the stating the underlying cause Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? of Health NO YES 10 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour a.m. Nat While factory, street, office bldg, etc.) at wark at work 21. I certify that (1) (this haspital) attended the deceased fram 2 1966, that (1) (we) last 1960, tac 3 shauld 1966 and that death accurred at # PM, from causes and an the date stated above. saw the deceased glive an 6/10 22a SIGNATURE 22b. DATPSIGNED ATTENDING director, poge 3 should be filed v M.D. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIÁN'S NAME (Type) 23d. LOCATION (City of Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 230. BURIAL CREMATION (Stote) 10-10-1966 Lorraine Cemetery Baltimore, Maryland 2Sa. REC D BY REGISTRAR VR A15 (4) 20 M 1/66 4600 Liberty Hghts.



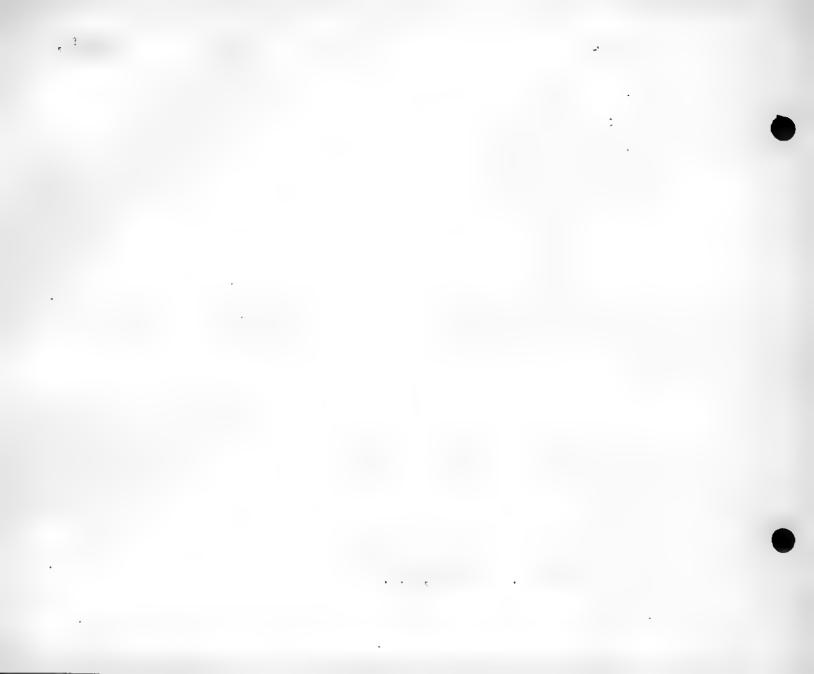
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13813 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. STATE MARYLAND o. COUNTY **b** COUNTY BALTIMORE MARYLAND requires that the death certificate be executed within 24 hours after npletely filled in by the factoring papers vithin 72 haurs aft b CITY DR TDWN (tf outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c EITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 18 DAYS BALTIMORE FORT HOWARD d NAME OF HOSP TAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 4412 WOODLEAR AVENUE VETERANS ADMINISTRATION HOSPITAL YES NO CX 3. NAME OF Middle First Last 4 DATE Month Day Year DECEASED (Type or pant) JAMES RAYMOND MARTIN OCTOBER 66 10 19 DEATH IF UNDER 1 YEAR S SEX DATE OF BIRTH IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED AGE (In years **NEVER MARRIED** Months Hours Dovs OCTOBER 24. 1894 MALE WHITE WIDOWED 12 CITIZEN OF WHAT COUNTRY? U.S.A. 100 JSUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & Store, or foreign country) and in during most of working life, eyen fretired) INDUSTRY BALTIMORE, MARYLAND MECHANIC (Retired 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, ar remayal, MICHAEL MARTIN KATHERINE CARROLL 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO. 213 05 06 47 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) NTERVAL BETWEEN signed by the burial-transit p HONSER AND DEATH PART I. DEATH WAS CAUSED BY MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o) DUE TO ARTERIOSCLEROTIC DISEASE OF THE HEART JINKNOWN Conditions, if any, which gave (b) rise to immediate couse (o). DUE TO stating the underlying couse has been see as the the prior to be Page 4 may be retained by the haspital ar attending last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? CERTIFICATION INFARCTIONS OF BOTH LUNGS YES X NO TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) While Not While foctory, street, office blda, etc.) of work ot work 21. I certify that \$1 (this haspital) attended the deceased fram 9/22/66 10/10/06, 19\_\_\_, that PA (we) last . 19 . to saw the deceased alive an 10/10/66 19 , and that death accurred at 7:00PM, from couses and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 10/10/66 M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S JORGE A. FABARA. M. D. NAME (Type) VAH FORT HOWARD, MARYLAND 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION, 23d LOCATION (City or Town) (County) (Stote) BURIAL Specify) 10/14/66. BALTIMORE NATIONAL BALTIMORE, MARYLAND 25b REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Marten VR A15 (4) 20 M 1/66 RUCK FUNERAL HOME Leonard d. HARFORD ROAD, DALFINORE,



Va.	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
=	20g	13812 CERTIFICATE OF DEATH 138	14
r death.	funeral 1 and 2 of death	1. PLACE OF OEATH a. COUNTY Baltimore  MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Resi a. STATE Maryland Baltimore Baltimore	idence before admission)
hours after	filled in by the 1 papers. Pages 1 hin 72 hours after	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH DF STAY IN 1b c. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	
hour	in Herita	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	I B. IS RESIDENCE
24	filler paper hin 72	Shady Nook Bursing Home 6110 Edmondson Ave.	9. IS RESIDENCE ON A FARM? YES NO X
within	n and completely fille femove carbon pape in any event, within 7	3. NAME OF First Middle Last 4. DATE Month OF (Type or print) Ollie S. Martin BEATH Oct.	Day Year
executed	f comi	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. OATE DF BIRTH 1904 9. AGE (In years I FUNDER L)	YEAR IFUNDER 24 HRS. Days Hours Min.
	in an	Female White WIDDWEO DIVORCED May 11, 1906, 1862 yrs. WIDDWEO 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE/(County & State, or foreign country) 12. CITI during most of working life, even if retired) INDUSTRY	IZEN DF WHAT
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certificate	iding phy Then pl removal,	Unknown Small Unknown	
e u	약류	15. WAS DECEASE OEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
dea	te al	No James D. Nolan 201 W. Pa.	AVE
it the	. 525	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)  Control of the c	DISET AND DEATH
s th	ysici igne rial-t	Cenditions, If any, which \ Due To pulmonary emphasemen	Blong.
requires that the death	ittending physic∥m. has been signed by the s as the burial-transit p i prior to burial, cremati	gave rise to immediate cause (a), stating the DUE TO	
we:	or attenite has use as atth prior	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
94	tal or at ificate h for use Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  BY THE CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  EXAMPLE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	YES NO
PHYSICIAN	lospit certi ched pt. of		
PHYS.	Page 4 may be retained by the Lospital or attending physicimn TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 4 20f. (City or town) (Count factory, street, office bidg., etc.)    Hour a.m.	ty) (State)
ATTENDING	ined I R: Afi Suid b the Si	21. I certify that (I) (this hospital) attended the deceased from 1960 to 1.77 567, 1964	
T A	e reta RECTO 3 sho with	Charles of the control of the contro	TE SIGNEO
	lay be	M.D. FILS.	et Cl
O HOSPITAL	e 4 may INERAL C ctor, pag ild be fil	NAME (Type) William F. Cox 3rd /11/8 St. Paul St. Balti	man 21203
ž 2°	Page 10 FUNI direct	233. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or count	
	Q	Purial 10 6 1966 AGORESSON HAVON 25a. REC'O BY NEGISTRAN 251. CALCISTRAN 251.	SIGNATORE -
	R A15 (4) M	Mc Cully 130 E. Fort Ave DATE OCT 7 1966 Policy	les Judge
	-		U



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13812 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEN PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) o. COUNTY 2, and 3 to PM3. Page o STATE b. COUNTY BALTIMORE Maryland Baltimore MARYLAND b CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) t TENGTH OF STAY IN 16 c CITY OR TOWN ( f outside corporate limits, write RURAL and give nearest town) after Vears 21204 Towson d. NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street oddress) d SIRFET ADDRESS e. S RESIDENCE ON A FARM? 18 Give Pages 1, 7 along with farm hours St. Joseph Hospital 526 Overbrook Road YES . NO V hours ofter death 3 NAME OF Middle DATE Last Month DECEASED EDWARD L. MASON October 17, 1066 (Type or print) within DEATH S SEX 6 COLOR OR RACE 9 AGE (In years IF JNDER 24 HRS 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH IF JNDER I YEAR lost a ribday) Months Male White WIDOWED Y DIVORCED Office event C4 ond 100 USUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore on country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? n pencil in Examiner's Salesman Men's Ony Clothing Baltimore Jaryland TISA 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME This certificate should be executed within Wilbur Mason Fimma. Render WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 2732 George e, writing the word "pending refarwarded to the Chief Medical (Yes, no, or unknown). (If yes give wor or dates of service) 219-09-7625 r Howard Loftus Town. Road 18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. ONSET AND DEATH Arteriosclerotic heart disease 6 IMMEDIATE CAUSE (o) cremotion, DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse buriol, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS PERFOR MED? YES X NO Pe 2 prior 200 EXTERNAL CALSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 206 TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) pleose execute the Hour e.m. foctory, street, office blda., etc.) Not While designoted 21. I certify that I took charge of the remains described above, held an Autopsy [X] Inspection Inquiry and in my opinion the funeral directar. Natural causes X death resulted from: Accident | Suicide [ Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE October 17, 1966 Ö DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. **EXAMINER'S** Health ( MOM NAME (Type Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 0 10/21/66 New Cathedral Cemetery Baltimore Md. 25b. REGISTRAD'S SIGNATURE 2So REC'D BY REGISTRAR SONS INC. liances VR A15ME (5) 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death/ hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE in by the fus.

S. Pages 1

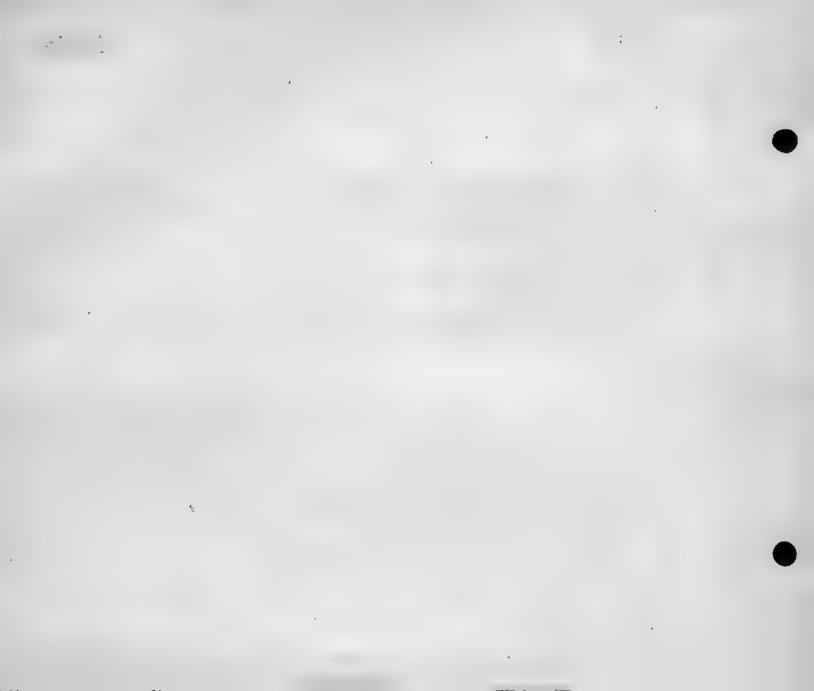
hours after of daltimore altimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in ove carbon gapers. I vevent, within 72 hou Kin syille d. STREET AODRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? 24 ohr Road NO \_ YES 1 ohr exacuted within 3. NAME DE DATE Day 18 First Middle Last 4. DECEASED DF (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove any eve 5. SEX 6. COLOR ON RACE 8. DATE OF BIRTH 7. MARRIED MARRIED [ last birthday) Months | Days Hours and WIDOWED DIVORCED [ yrs. 10b. KIND OF BUSINESS OF (County & State, or foreign country) 12. CITIZEN OF WHAT physician n please r val, and in 10a, USUAL OCCUPATION (Give kind of work done) .5 The law requires that the death certificate-be during most of working life, even if retired) COUNTRY? ousewife Housewife ingsville been signed by the attending physthe burial-transit permit. Then plut to burial, cremation, or removal, 13. FATHER'S NAME MOTHER'S MAIOEN NAME John Willick Emma Cloman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) exiosclerofic DUE TO Conditions, if any, which gave rise to immediate as the prior to DUE TO (a), stating underlying cause last. (c) CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PERFORMED? certificate NO TO YES PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL (State) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, officebldg., etc.) be de State Hour a.m. Not While After Id be d While at work p.m. 19 at work retained DIRECTOR: A age 3 should lied with the S that (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from M. from the causes and on the date stated above. and that death occurred at 5 saw the deceased alive on DATE SIGNED 22b. 22a, SIGNATUR 80 ATTENDING STAFF director, page should be filed PHYS DIRECTOR 4 may TO HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2 mia REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 36 VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13814 by the funeral requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF OEATH o. COUNTY o. STATE **b.** COUNTY MARYLAND BALTO b CITY OR TOWN ( Fourside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give negres) town) write RURAL and give nearest town) ESSEX ESSEX d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d STREET ADDRESS e IS RESIDENC filled i ON A FARM? d in any event, within TOLUN YES NO 🚄 remove carban NAME OF Last 4 DATE Month Doy Year DECEASED 10 12 1966 MINTTHEU (Type or print) DEATH IF JNDER TYEAR S. SEX NEVER MARRIED B. DATE OF BIRTH AGE (In years 7. MARRIED last birthday) Months Doys Haurs 5-3-1913 DIVORCED Pue 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast al warking life, even if retired) COUNTRY? BALTO. CO. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remay STOLKA EL WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service -C1-437K UNK TOWNSER burial, cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the ONSET AND DEATH OCCLUSION IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUE TO HEART DISEASE Conditions, if any, which gave SCLERUTIL rise ta immediate couse (o), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (State) Hour o.m. factory, street, office bldg , etc.) Not While at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram AUG 6, 1957, ta OCT 12, 1966, that (I) (we) last saw the deceased alive an SEPT 27 1966, and that death accurred at 1220AM, from causes and an the date stated abave. be retained 22a. SIGNATURE 22b DATE SIGNED MED
DIRECTOR STAFF PHYS. OCT. 14, 1966 director, page 3 should be filed v M.D 22d. ADDRESS ESSEX. 40 M.D. 108 5. TAYLOR ALE 23r. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOYAL (Specify) 10-15-66 DAK 1966 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC D BY REGISTRAR VR A15 (4) 20 M 1/66 mace



MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	DRE 1, MARYLAND
1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where decessed lived to STATE to S	If institution; Residence before admission).
b. CITY OR TOWN (if outside corporate limits, write_RURAL and give nearest town)  MARYLAND  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write_RURAL and give nearest town)	vrite RURAL and give nearest town
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)  d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
Nill ocuray Maner Kurseing Home 1/12 Sargeant 3 NAME OF Last DATE MIDDLE LAST OF MIDDLE CEASED	onth Dey Yeer
117pa of print) Vigentia Le. III Lauchhlese DEATH	0 15 1966
last birthda	ars IF UNDER 1 YEAR IF UNDER 24 HRS. y) Months   Days   Hours   Min.
TEMPLE   WIDOWED   DIVORCED   CF 3   ST 4   ST yrs  10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign counting)	, , , , , , , , , , , , , , , , , , , ,
done string most of working life, even if refired) at Lond (Jalto: Jud.	76.5. A.
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown), (Ifyesgive were redeles of service)	TOES .
NO - Joseph W Me Laughlin 6	10 Scatt St
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). (f)  PART I. DEATH WAS CAUSED BY: ( ) Helps A. A. A. The Charles (Charles) And A. A. Charles (Charles) And Charles (Charles)	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e) WOLD - FRENCHIC SWILL D' FORS	
Conditions, if eny, which (b) Caralle Caralle Facture	/da
[e], stering the underlying DUE TO course last.	
	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CONDITION	YES 🔲 NO 🗗
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) factory, streat, office bldg., etc.)	(County) (State)
	6 11 -
21. I certify that (I) (this hospital) attended the deceased from 1.0	
220. SIGNATURE & LANCE TO THE ATTENDING MED. STAFF	22b, DATE
22c. PHYS CIAN'S ) LUME CULLY WILL AND PHYS. DIRECTOR PHYS. [ 22d. ADDRESS	19.5/60
NAME TYPE OSEAL C. LAU-ICA ITIS MD GOTHAShung to-Hold	Ballow 30 Mg
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, REMOVAL (Spenyly)	town or county) (Stete)
Livial 10/8/66 Met Allectral Gen. Baltimor 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A / ST- 258. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATUM
John J. Cowan & Son Ana. Hollins DATE OCT 17 1966	Charles Judge.
23 med.	



=	10010	TE OF DEATH	13813
1.	PLACE OF DEATH COUNTY BAItimore MARYLAN	2. USUAL RESIDENCE (Where decessed lived  • SAME AND Maryland Be	I, If Institution, Residence before edmission DUNTY. RLL-LIMORE
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  TOWSON	c. CITY OR TOWN (If outside corporate limits,	
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Baltimere	-
	Presbyterian Home of Md.		IS RESIDENCE
	NAME OF First Middle	742 Edmondson Ave	onth Day Year
	(Type or print) Catherine		tober 29 1966
ĵ.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In y	Ders   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Female   White   widowed   DIVORCED	August 15 1884 85 minh	
goi	no during most of working life, even if relired	Baltimore, Marylane	
13.	Gustav Mechau	14. MOTHER'S MAIDEN NAME	
16		Mary Faulhart	
Ye-	WAS DECEASED EVER IN U.S. ARMED FÖRCES?  16. SOCIAL SECURITY NO.  (Ifyesgivewarordatesofservice)	Presbyterian Home	iress
7	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	BART I DEATH WAS CALLED BY	ary Occlusion	ONSET AND DEATH
	761 DUE TO	TJ OCOTAGEON,	
	Conditions, if any, which ) (b) Arteriescler	rotic Cardiovascular Diseas	years _
	gave rise to Immediate cause (a), stating the underlying DUE TO		
	cause last. (c)		
Š	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?
	Cerebral Arterioscleresis  208 ACCIDENT WAS UNDERLYING   205. DESCRIBE HOW INJURY OCCUPANTION OF CONTRIBUTING   CAUSE OF DEATH	CURRED. (Enter nature of injury in Pert I or Part II of Item 18.	YES NO X
5	OR CONTRIBUTING TI CAUSE OF BEATH		
CERTIFICA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	CORRED. (Enter nations of injury in Pert I of Part II of Hem 18.	)
S	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c	B. PLACE OF INJURY (Home, farm, 201, (City or town)	(County) (State)
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e While Not While at work 21. I certify that (I) (MACASSEA) attended the deceased from	p. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)	(County) (State)
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour e.m. 29 at work et work	p. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)	(County) (State)
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e While Not While at work 21. I certify that (I) (MACASSEA) attended the deceased from	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  Tom	(County) (State)  ex. 29, 19.66, that (I) (AX) lates and on the date stated above
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e While Not While at work 21. I certify that (I) (MDOSASKA) attended the deceased from the deceased alive on	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  Tom	(County) (State)  ex. 29, 19.66, that (I) (AX) lates and on the date stated above
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e While Not While at work 21. I certify that (I) (MDOSASKA) attended the deceased from the deceased alive on	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  rom	er 29, 1966, that (I) (**) la es and on the date stated above 22b. DATE October 38,60
WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e While Not While at work 19 at work 19 at work 19 at work 19 at work 21. I certify that (I) (MDOSASKA) attended the deceased from the deceased alive on	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  Tom. Jenuary 1, 19 58 to Octob that death occurred all: 14 A. A. the cause M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS  7215 York Road, Balti	(County) (State)  er 29, 19.66, that (I) (6%) lates and on the date stated above 22b. DATE October 38,56
WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e While Not While at work 21. I certify that (I) (MOCKISKI) attended the deceased from the deceased alive on	TERY OR CREMATORY  PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  20f. (City or town) factory, street, office bidg., etc.)  20f. (City or town) factory at 1.20f. (City or town) factory, street, office bidg., etc.)  The place of injury (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)  The place of injury (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)  The place of injury (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)  The place of injury (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)	(County) (State)  er 29, 19.66, that (I) (AX) lates and on the date stated above 22b. DATE October 38,5% (State)
WEDICAL 23e	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e While Not While at work 21. I certify that (I) (MDOXXSKA) attended the deceased from the deceased alive on	TERY OR CREMATORY  PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  201. (City or town) factory, street, office bidg., etc.)  205. (City or town) factory action (City or town) factory, street, office bidg., etc.)  206. (City or town) factory action (City or town) factory, street, office bidg., etc.)	(County) (State)  er 29, 19.66, that (I) (66) la es and on the date stated above 22b. DATE October 36,65  there, Md 21212 lown or county) (State) e, Md.  REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

<b>I</b> (NA).	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTONORE 1, MA	ARVIAND
FOR STATE	13817 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13820
HEALTH DEPT.	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: R	tesidence before admission)
	BALTIMORE MARYLAND b. COUNTY	
cessary, o the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
cessa may may partm	FORT HOWARD 207 DAYS BALTIMORE	
After Same	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
and 3 to una state Dr. State Dr. 2 hours affi	VETERANS ADMINISTRATION HOSPITAL 517 CATHEDRAL STREET	YES NO
death. If any dela e Pages 1. 2, and 3 with form PM3. P and 2 with the Str vent within 72 hou	3. NAME OF DECEASED First Middle Last 4. DATE Month OF OF OF OF OTHER OCTOBER	Day Year
1.2.1. 1.2.1. 1.2.1.	(Type or print) WILLIAM - MERRICK DEATH OCTOBER  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     8. DATE OF BIRTH   9. AGE (in years) IF UNDER	14 19 66
ith. If an iges 1, 2 form P 2 with within	MATE LITTLE WINDOWS TO TANTIADY JE 1907 75	Days Hours Min,
er deat with with and a	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country)   12. C	ITIZEN OF WHAT
Giv G	during most of working ilfe, even if retired)  MERCHANT SEAMAN  SHIPPING HUDSON. NEW YORK  U.	OUNTRY?
v ∞ = = = = = = = = = = = = = = = = = =	13. FATHER'S NAME 34. MOTHER'S MAIDEN NAME	
H hours at them 18.  The alon and in the pages and in the	WILLIAM MERRICK SYLVIA MN: MERRICK	
N = 0	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
within pencil i miner's permit. removal	YES WW I 423 15 83 53 CLIN.RECORDS, VA HOSPITAL, FT H	HOWARD, MD.
should be executed within word "pending" in pendi is Chief Medical Examiner's as a burial-transit permit. Irial, cremation, or removal	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH 4-5 DAYS
id be executed "pending" in Medical Examburial-transit cremation, or in	PART I. DEATH WAS CAUSED BY: PAREUMONIA	4-5 DAYS
ding ation	Conditions, if env. which   DUE TO FRACTURE RIGHT HIP	9 MONTHS
d be execu "pending"   Medical   burial-tran	gave rise to immediate	
Ta T	cause (a), steting the DUE TO underlying cause lest.	
ficate shower the work of the Chiral used as to burial		DEDECODMESS?
ficat the the use	ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE. CEREBRAL VASCULAR ACCIDENT V	NTTYES NO TX
ting ting sq ta rior	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (e)  ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE. CEREBRAL VASCULAR ACCIDENT VASCULAR ACCIDENT VALUE OF LIGHT PARTIESTS.  202. EXTERNAL CAUSE WAS PRIMARY ET OF CONTRIBUTING CAUSE OF DEATH.  205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part Tor Part II of Item 18  FELL I.I MARYLAND GENERAL HOSPITAL	(1)
his c wri rard outk		
ER: This certificate, writing forwarded to 3 should be agent, prior	Hour a.m. 1/00// While Not While factory, street, office bldg., etc.)	unty) (State)
EXAMINER: This certificate the certificate, writing the 4 should be forwarded to the 11 files. CIOR: Page 3 should be used designated agent, prior to bu		ARYLAND
EXAM cer nould les. IR: Pa	21. I certify that I took charge of the remains described above, held an Autopsy, InspectionX, InquiryX,	and in my opinion
E S T E	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	
ute to your like of its	ACTUAL ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
execute Page d for your RAL DIRE	DEPUTX MEDICAL EXAMINER TO	0/17/00
DEPUTY Melease execused in the sector. Person for Funeral. Funeral. If Health of		., Md. 21222
TO DEPUTY please ex director. retained O FUNERA of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10 2016 BALTIMORE, MARY	
22	BURIAL 10 P20/66 PARTITIONS, P	
VR ALSME (5)	Casend 77. Zanne JOSEPH N. ZANNINO FUNERAL HOME	antes Judge
5M 1/65	257 S. Conkling St. Balanto, MIT 20 1966	4 4

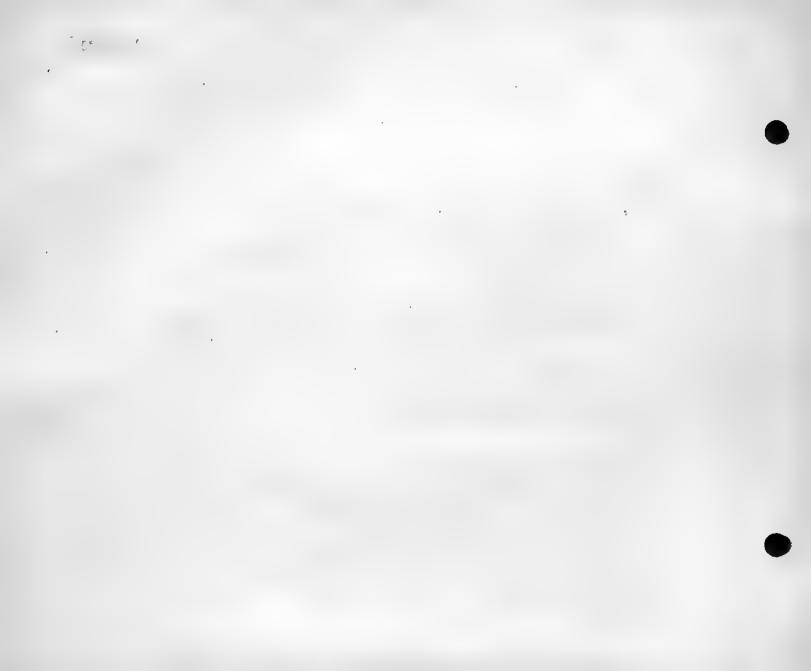


DIVISION OF STATISTICAL RESEASE	AND STATE DEPARTMENT CH AND RECORDS, 301 W. PRES	OF HEALTH TON STREET, BALTIMOR	E 1. MARYLAND
13818	CERTIFICATE OF DEA	TH	13821
1. PLACE OF DEATH a. COUNTY		SIDENCE (Where deceased lived, if In	
Baltunone	MARYLAND a. STATE	Manyland . COUNT	
b. CITY OR TOWN (if outside corporate limits, write RURAL and pive hearest town)	c. LENGTH OF STAY IN 16 c. CITY OR TO	OWN (If outside corporate limits, write	RURAL and give necrest town)
	spitel, give street address) d. STREET AD	DRESS .	. IS RESIDENCE
Sheppard & Ewoch Pr	att Hosp. 4608	Roland A	V3_ YES NO
3. NAMEOF DECEASED (Type or print)	Middle Last	4. DATE Month OF DEATH	Dey Yaar
5. SEX   6. COLOR OR RACE   7. MARRI	D NEVER MARRIED B. DATE OF BIRTH	9. AGE (In yeers )	J 1966 IF UNDER 1 YEAR   IF UNDER 24 HRS.
F W WIDOW		1877 PB yrs.	Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE	(County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S M	AIDEN NAME	T M > H
DR. George F. Cox	Le, Sa	rah Sutton	
15. WAS DECEASED EVERIN U.S. ARMED FORCES? (Yes, pg. or unknown) (Ifyes give werordates of service)	SOCIAL SECURITY NO. 17. INFORMANT	Address	- '4
18. CAUSE OF DEATH [Enter only one cause per	ine for (e), (b), end (c).]	· Ichordo	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	postatie preum	oma	ONSET AND DEATH
DUE TO	1100 to 11	ah	,
Conditions, if eny, which geve rise to immediate ceuse  (a) steting the undeduced DUE TO	enone Hepaul ge	E growade of Co-C	02
cause last. (c)			
PART II OTHER SIGNIFICANT CONDITIONS COI  200. ACCIDENT WAS UNDERLYING (20b. DE  OR CONTRIBUTING (20use of Death  Off Enther, Notify Medical Examine)	TRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVE	PERFORMED?
20e. ACCIDENT WAS UNDERLYING   20b. DE	SCRIBE HOW INJURY OCCURRED. (Enter neture of a	njury in Part I or Pert II of Hem 18.)	YES NO
Hour a.m. While	Not White factory, street, office blo	ne, farm, 20f. (City or town)	(County) (Stele)
p.m. 19 at wor 21. I certify that (I) (this hospital) atten		2., 1966 10 Oct 3	.l, 196 6that (I) (we) last
	819 .66, and that death occurred		the state of the s
228. SIGNATURE WARE	ATTENDING	MED. STAFF	22b. DATE
22c. PHYSICIAN'S	M.D. PHYS, [ 22d. ADDRES	DIRECTOR PHYS.	04 31,1966
NAME (Type) W. W. Elg	in Shep	bond Peatt Ho	1/s. /owon hel
BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY		or county) (State)
Burial 11/3/1966 24 FUNERAL DIRECTOR'S SIGNATURE	Friends Burial Grou	nd Baltimor •. REC'D BY REGISTRAR 256. REG	CO MO ISTRAR'S SIGNATURE
H.W.Jenkins & Sons Co	4905 York Rd.	ATE NOV 2 1966	Icharles Judge

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# BNE	13819 CERTIFICATE OF DEATH 13822
er death.	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
hours after din by the srs. Pages 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  B. ALTO.  B. ALTO.
24 h filled apers n 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address) d. STREET ADDRESS  Breater Ballimore Medical Center. 809 (en 10 N AVE  VES NO
d within mpletely carbon p ent, withi	3. NAME OF DECEASED (Type or print) DORothy Ruth Merson. DEATH OCT. 131 1966
autec move move	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   I will be a substituted   12 - 03 - 14   5   yrs.   15   yrs.   15
ii. gase	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired)  10b. KIND OF BUSINESS OR life, even If retired)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
certificate nding physi Then pler removal, a	13. FATHER'S NAME  Lohn Rilay  Hall Mother's Maiden NAME  Hall Mother's Maiden NAME
death cerl le attendin permit. Ti	15/WAS DECEASED EVER IN U. S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 2/2/1 (Yes, no, or unknown) (If yes give war or dates of service) 215-34-0623 Roberta-Linds an 1402 midfield Rd.
law requires that the death certificate attending physician. has been signed by the attending physic as the burial-transit permit. Then ple h prior to burial, cremation, or removal, a	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1  PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  INTERVAL BETWEEN ONSET AND DEATH
The or cate r us	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  19. WAS AUTOPSY PERFORMED?  YES NO  NO  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: the hospital this certifi detached fo e Dept. of fo	
be a state	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work 19 at work 19 at work 19
O HOSPITAL OR ATTENDI Page 4 may be retained o FUNERAL DIRECTOR: A director, page 3 should should be filed with the	21. I certify that (I) (this hospital) attended the deceased from \$1966, to
TO HOSPITAL Page 4 may To FUNERAL director, page should be fill	NAME (Type) FRANK-BORDBAR G.B.M.C, North Charles ST. Towson.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMOVAL (Specify)  BURIAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 20M 1/65	This & Theronettes is the out of 1956 policy Judge _
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	Division of STATISTICAL RESEARCH AND RECORDS,	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BA	
60	13870 CERTIFICA	TE OF DEATH	13823
funeral I and	1 PLACE OF DEATH  o COUNTY  Baltimore MARYLAND	o. STATE	eceased lived, il institution Residence before admission) b. COUNTY Dalti ore
ecuted within 24 hours after completely filled in by the fuave carbon papers. Pages 1 y event, within 72 hours after	b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  Chase 25yrs.	Chase Larva	parate limits, write RURAL and give nearest town)
in 24 h lilled in papers hin 72 h	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street öddress)  Chase aryland 21027		o is residence on a farm? YES NO
ecuted within 24 hc campletely filled in nave carban papers. y event, within 72 h	3. NAME OF First Middle DECEASED (Type or print)  S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Last 4. DA OF Massenger DE 8 DATE OF BIRTH	
and com	S SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  100 USUA, OCC. PATION (Give kind of work dane)  100 KIND OF BUSINESS OR	10-11-1895 11 BIRTHPLACE (County & State,	(ast birthday) Months Days Hours Min
ertificate be e physician and en ple se ref aval, and the	during mast of working the even it retired)  21 timore, Go. Road  13. FATHERS NAME		aryland II.S.A.
h certifi ing phy Then emova	John imassenter  15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1		izabeth Reider
he death attendir permit. Iian, or re	(Yes, na, ar unknown) (If yes give war ar dates of service)  212-149-62011  18. CAUSE OF DEATH (Enter only one couse per line far (a), (b) and (c).)	rs Ray Morris	Chase aryland 21027  Herman 2/4 Co. INTERVAL BETWEEN ONSEE AND DEATH /
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital or attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral is 3 should be detached far use as the burial-transit permit. Then ple se remave carban papers. Pages I and 2 should be detached far use as the burial, tremation, or remaval, and the state Dept. of Health prior to burial, cremation, or remaval, and the state Dept. of Health prior to burial, cremation, or remaval, and the state Dept.	PART I. DEATH WAS CALSED BY IMMEDIATE CAUSE (a)  OUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.  (c)	ice We	er ?
N: The t or after or after the has ruse as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF FITHER NOTIFY MEDICAL EXAMINER)		YES NO
IYSICIA naspital certific ched fa pt. of H	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Year 200 INJURY OCCURRED 20e.	D. (Enter nature of injury in Part I o	Of. (City or town) (County) (State)
ING PH by the } frer this be deta state De		factory, street, affice bidg., etc.)	, to CU 24, 1966, that (I) (we) las
ATTEND trained TOR: A should ith the S		hat death accurred at	M, fram causes and an the date stated abave
TO HOSPITAL OR ATENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health prior ta	22c PHYSICIANS AMERICAN PARTITION PROPERTY AND ANALOG TO A MANE (Type) A M B 21 M A 7 V d A	ATTENDING MED. PHYS. DIRECTO	OR D STAFF D 10/31/6/2
O HOSPITAL Page 4 may O FUNERAL ( director, pag shauld be fil	230. BURIAL CREMATION, REMOVAL (Specify). 23b. DATE THEREOF 23c. NAME OF CEMETERY		I LOCATION (City or Town) (County) (State) Baltimore, Maryland
VR A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR ADDRESS  Lass alm Annual Man 740/ Below R	DATE NOV	



PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 death. MARYLAND MARYLAND BALTIMORE b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) .9 7 BALTIMORE RURAL ALTIMORE Pages d. NAME OF HOSPITAL OR INSTITUTION (of not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO completely papers. 3. NAME OF Middle Month Day Year DECEASED OF (Typa or print) DEATH within MABEL 19 66 6. COLOR OR RACE 9. AGE fin yeers LIF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED 7 physician remove 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stelle, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired HOUYBWIFF 13. FATHER'S NAME ease MOTHER'S MAIDEN NAME 2 end ם Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17, INFORMANT removal, (Yes, no, or unkown) | (If yes give wer or detes of service) CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] INTERVAL BETWEEN ٩ ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO Conditions, if any, which gave rise to immediata causa **DUE TO** (a), stating the underlying ceuse lesi. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 | 19. WAS AUTOPSY CERTIFICATION 0 PERFORMED? prior YES NO I 20e. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) fectory, straet, offica bldg., etc.) While Not While ŏ at work at work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from ..... 15, 19.6.6 to... Oct 2 19.66 that (1) (we) last .19.6, and that death occurred at //.A.M., from the causes and on the date stated above saw the deceased alive on....... 22a. SIGNATURE 22b. DATE SIGNED PHYS. DIRECTOR director, page to filed with the PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) FUNERAL DIRECTOR'S SIGNATUM 25. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M 5-63



A CONTRACTOR	1 (	M	Ìt	em 18 Film 332 10-20 MARYLAND STATE DEPARTMENT OF HEALTH	nui ann
1	• \		1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH	RILAND
	funeral and 2 f. death.		1.	PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived, if Institution: Resid	dence before admission)
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after, death.	- Annual Prince		a. COUNTY 6. STATE M. COUNTY / /-	t dec and a
	Its after by the f	<b>3</b> )	-	b. CITY OR TOWN (if outside corporate limits, write RURAL end write RURAL, and give nearest town)  MARYLAND  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL end write RURAL)	d give nearest town)
	urs n by Pag	_/		Pattimore Indays Baltimore Md	
	ed i ers.			d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street/address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	pap Fil		_(	SLEATER Battingge Malical Center 2308 -outhern Stre.	YES NO P
	executed within 24 hours af and completely filled in by the carbon papers. Page in any event, within 72 hours a		3.	DECEASED OF DECEASED	Day Year 1966
	composite con		5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   14. 8. QATE OF BIRTH   9. AGE (in years   IFUNDER 1 YI	EAR IF UNDER 24 HRS.
	ecut mov			M WIDOWED DIVORCED 1/23/66 last birthday) Months Da	Hours Min.
	Page 4 may be retained by the hospital or attending physician.  Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please the hour with the State Dent. of Health prior to burial, cremation, or removal, and in a and in a should be detached for the purial cremation.		102 dur	USUAL OCCUPATION (Sive kind of work done lob. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZ COUNTRY	ZEN OF WHAT
	requires that the death certificate be uding physician.  been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, after 1.		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	(37/
	tific ng p			11. Ilina M. Atan So Jucotta Khatolos	
	cer endii t. T		15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT S. no. or unknown) [(If yee give war or dates of service)]	nua
	atto ermi		7	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address, 5, no, or unknown) (If yes give war or dates of service) one Inother 2308 Southerh.  18. CAUSE OF DEATH Lenter only one cause per line for (a), (b), end (c), 1	1416
	the direction		7		NTERVAL BETWEEN ONSET AND DEATH
	at the lan. d by crer			PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY ORREST	
	ysic ysic ial-t			OS 3, de DUE TO	-10 /s
	uire S P S S S S S S S S S S S S S S S S S S			Conditions, if any, which (b) (b)	70,00
	din part			cause (a), stating the DUE TO underlying cause last. (c) Fneumococcus	
	law atter has e as		TON	(6)	19. WAS AUTOPSY PERFORMED?
	The or or cate	1	ICAT	BILLARY OTRESIA & CIRRHOSIS	YES NO T
	OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by a 5 should be detached for use as the burial-tranged with the State Dent, of Health prior to burial, creating the state of the		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	rysii e ho his c			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	y) (State)
	ter t		MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)	
	NDIN ted to the Affi		-	21. I certify that (I) (this hospital) attended the deceased from, 19, to, 19,	, that (I) (we) last
	etair TOR Shou			saw the deceased alive on	
	S S S S S S S S S S S S S S S S S S S	,		22a. SIGNATURE 22b. DATE    Coarra   MED.   STAFF   PHYS.   DIRECTOR   PHYS.   10 - 1.	SIGNED
	AL DAS			22c. PHYSICIAN'S /// ( 22d. ADDRESS )	3 06
	TO HOSPITAL OR Page 4 may be TO FUNERAL DIRE director, page 3	1	_	NAME (Type) U L. Casazza GBMC Charles St Baltinore	Jud.
	Pag Pag of File	5	238		/
	F F	0	24		
	VR #15 (4)	3	17	eonard J. Ruck Inc. Balto. Mid. 21214 DATE OCT 13 1966 : wante	. 0
	20M 1/65	13	1	, parte of 10 1000	00



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciae, and completely filled in by the Timeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages Land, 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and may event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	
3023	CERTIFICATE OF DEATH	13826

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)			
Raltimana	a. STATE b. COUNTY			
	Maryland Baltimore			
write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			
Catonsville 69 urs	Catonsville			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS I e. IS RESIDENCE			
5 Woodlawn Avenue	5 Woodlawn Ave.			
3. NAME OF First Middle	Last   4. DATE Month Day Year			
DECEASED (Type or print) EMILE R. MOHLE	OF .			
5. SEX G. COLOR OR RACE   7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. ACE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.			
male white widowed Divorced	May 29, 1897 (ast birthday) Months Days Hours Min.			
10a. USUAL OCCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT			
during most of working life, even if retired) Real tor Real Estate	Catonsville Md. USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Frank L. Mohler	Lily A. Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYNO.   17.   (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address			
yes WWI 214-22-8159 Mi	rs Helen G. Mohler 5 Woodlawn Ave.			
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	/ INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH			
IMMEDIATE CAUSE (a) A PROVILE.	advollac faille			
DUE TO 1				
Conditions, If any, which ) (b) Leneralize of	(PD 10 DIZEP PIDASLA			
gave rise to immediate	The state of the s			
cause (a), stating the DUE TO	ma Witus			
underlying cause last, (c)	Meccua			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA				
TA COLONIA COL	PERFORMED?			
200 ACCUPANT WAS HARDEN VINE ST. LOSS. PERSONNE HOW MILLIAN COOL				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PROPERTY OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUUM OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)			
	ry, street, office bldg., etc.)			
p.m. 19 at work at work				
21. I certify that (I) (this hospital) attended the deceased from	June 1963, to 1900 1966, that (1) (we) last			
	death occurred at 7: A.M., from the causes and on the date stated above.			
22a. Signature	22b. DATE SIGNED			
911/11/19	ATTENDING ATED. STAFF			
MULLIAM 1. WRYDON M.D	DIRECTOR A PHYS.			
PAZEC! PHYSICIAN'S	22d APDRESS - COLON ALL ALL COLO			
NAME (Type) ////dm (1. DRYSON	HEDD CONTURNOUS CONTURNO.			
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)				
DCMOVAL (Specific)				
Burial" October 22,1966 New Co				
STERLING FUNERAL ESTATE 736 Edmondson AU OCT 2 4 1000 POLITICAL DESTATE 736 Edmondson				
Cotonovillo /30 Edmoni	ason DATE OCT 24 1986 Icharles Judge			
Catonsvillem Md.	DATE OF NET 1000			

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. counBaltimore by the f Pages 1 urs after after Baltimore MARYLAND CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) an and completely filled in by remove carbon papers. Pag in any event, within 72 hours hours 34 Yrs. Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET APDRESS 22-A Lambourne Rd. e. IS RESIDENCE ON A FARM? YES NO F executed within NAME OF First Middle Month Day Year DECEASED 1966 October Edward Monath (Type or print) Parker DEATH 6, COLOR OR RACE 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. 7. MARRIED T NEVER MARRIED 10-18-98 WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in death certificate be during most of working life, even if retired) Aircraft COUNTRY? York Co. Pa. Tool Design Engr. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Jane Leese Charles Edward Monath 15. WAS DECEASED EVER INU.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addres (noll wood Rd. (Yes, no, or unkown) (If yes give war or dates of service) 216-10-5266 David E.Monath Balto., Md. 21204 No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that ti be retained by the hospital or attending physician. IMMEDIATE CAUSE (a **DUE TO** Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) CERTIMICATION WAS AUTDPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO P 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) EDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred aff M, from the causes and on the date stated above saw the deceased alive on SIGNATURE 22a. ATTENDING PHYS. STAFF PHYS. Page 4 may i DIRECTOR PHYSICIAN'S ADDRESS 22c. NAME (Type) Charles H. Reier BURIAL, CREMATION, 23b. DATE THEREON NAME OF CEMETERY OR CREMATORY LDCATION (City, town or county) (State) 2 REMOVAL (Specify) David's Cemetery Hanover R.D. 10/26/66 Burial 25a. 'REC'D BY REGISTRAR, 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Tipton-Eline Hampstead, Md. VR A15 (4) DATE 15M 4-64

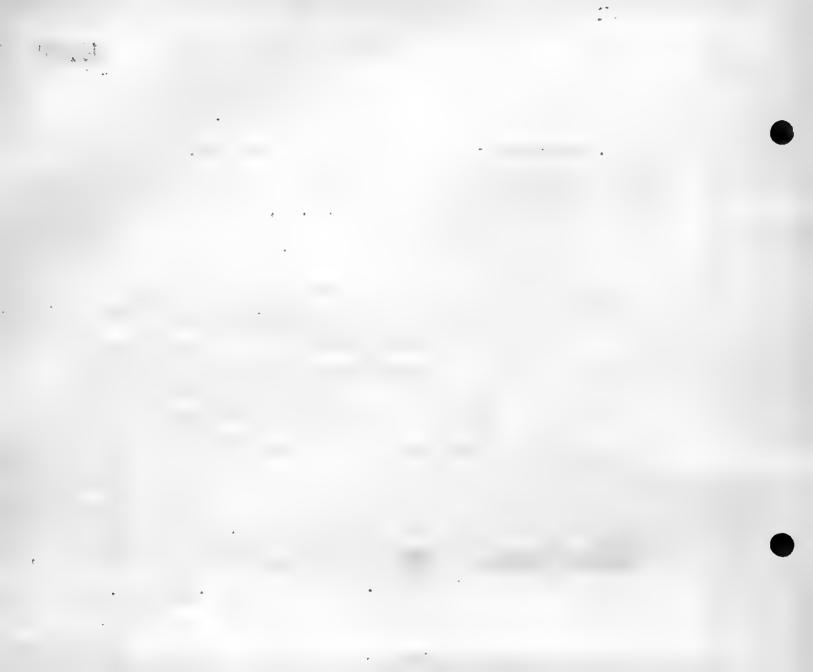


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and 2 death. PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) the no a. STATE b. COUNTY after within 72 hours after BALTIMORE BALTIMORE by the Pages MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town)
PARKVILLE hours PARKVILLE Mo. .= d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE DN A FARM? NO C HARFORD YES Apt HARFORD and completely fremove carbon parany event, within executed within 3. NAME DE First Middle Last DATE Month Day Year DECEASED OF DEATH (Type or print) PETRA MONTGOMERY OCT 1966 5. SEX AGE (In years | IF UNDER last birthday) | Months | 6. COLOR OR RACE DATE OF BIRTH 9. IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED Hours Davs WIDOWED -18 69 DIVORCED 24 the attending physician a permit. Then please reation of removal, and in 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) þe INDUSTRY during most of working life, even if retired) COUNTRY? HOUSEWIFE certificate AT HOME LISA PETER PETERSEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give warer dates of service) death Pau! Same Montgomery INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per time for (a). LOW COYONGY PHYSICIAN: The law requires that the the hospital or attending physician, this certificate has been signed by detached for use as the burial-transi e Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 19. WAS AUTOPSY PERFORMED? YES [ NO DO 202. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1206. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not White TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State be retained by at work at work ATTENDIN 1966 19.65 that 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 42 M. from the causes and on the date stated above. saw the deceased alive 22b. DATE SIGNED 22a. SIGNATURE ATTENDING Oct DIRECTOR M.D. **PHYS** PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) Frank Kasi 9005 Harford Road BURIAL CREMATION, REMOVAL (Specify) BURIAL 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. 0-8-66 ADDRESS N 8802 Har Cemetery nwood Penn REGISTRAR'S SIGNATURE 25a. Rd FUNERAL DIRECTOR Hartord 1966 VR A15 (4) DASE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE \$ MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence befare admission) o COUNTY o STATE **b** COUNTY Baltimore after death. Department b CITY OR TOWN (If autside corporate imits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURA, and give nearest tawn) write RURAL and give negrest town) Carney -Towson d NAME OF HOSPITAL OR INSTITUTION (If not in baspital, give street address) d STREET ADDRESS B IS RESIDENCE hours alang with farm ON A FARM? St. Josephs Hospital 2318 Putty Hill Road State | YES NO Z after death First 3 NAME OF Middle DATE Last Month Day Year DECEASED Natale J. Montone Oct. 15. 1966 (Type or print) DEATH 19 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER I YEAR F UNDER 24 HRS 7 MARRIED **NEVER MARRIED** lost burthday) Months Doys Hours Male White W DOWED DIVORCED Jan. 8, 1920 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 2 CIT ZEN OF WHAT during most of working life, even if retired)
Paving Contractor **NDUSTRY** COUNTRY? Baltimore, Md. Cement Med cal Examiner pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Antony Montone Frances Rizzo File and 16 SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN U.S ARMED FORCES? Address (Yes, na, or unknawn) (If yes give war or dates of service) ar removal, pending" 161-12-1918 Mrs. Rita Montone, 2318 Puttyhill Road INTERVAL BETWEEN DISET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Ward This certificate shauld cremation, DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse burial, 19. WAS AUTOPS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (g) PERFORMED? YES NO agent, priar to þe 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of Item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20d MULRY OCCURRED 20e PLACE OF N.URY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg , etc.) Nat While may be retained far your FUNERAL DIRECTOR: Page at wark of wark designated Inspection - Inquiry . 21. I certify that I took charge of the remains described above, held an Autapsy ...... and in my apinian the funeral directar. death resulted fram. Natural causes Accident Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY ro FUNERAL Health ar i DEPUTY MED CAL EXAMINER **EXAMINER'S** Charles F. OlDonnell. Address (Street, city, tawn, or county) NAME (Type) BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY\*OR CREMATORY 23d LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) 10/19/66 Baltimore, Md. Lorraine Cemetery Burial 4611 Park Heights 2Sb. REGISTRAR'S SIGNATURE 24. SUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Ave Balto Md VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

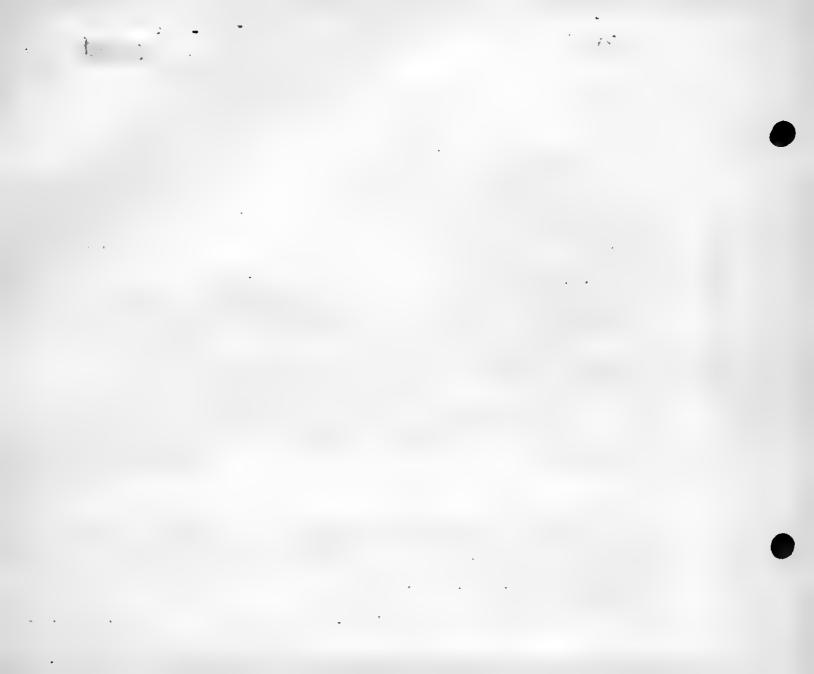


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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13329 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) campletely filled in by the funeral ave carban papers Pages 1 and a COUNTY b. COUNTY a. STATE Maryland Ba **It imore**b (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA) and give negrest town) #21224 Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? St. Joseph Hospital 803 S. Conkling St. YES NO TE 3. NAME OF 4 DATE Year DECEASED OF DEATH October Nagel SR. 66 John 19 (Type or print) IF UNDER 24 HRS DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE NEVER MARRIED 80 yrs Manths Days Hours WIDOWED 🗔 DIVORCED January 25, 1886 White Male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY BALTIMORE. COURT HOLSE CLERK MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SCHUIDT NAGEL CATHERINE JOHN Address 16. SOCIAL SECURITY NO 17. INFORMANT IS WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor or dotes of service) SAME. DOLORES E. SWINSON INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH Massive hemorrhage due to IMMEDIATE CAUSE (o) ruptured aneurysm of abdominal aorta Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Severe arteriosclerosis YES TX NO O FUNERAL DIRECTOR: After this certificate far 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (State) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Hour a.m. Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that Mathys haspital) attended the deceased from October 11, 19 66, to October 14, 1966, that May we) last saw the deceased alive an October 14. 19 66, and that death accurred at 6:00M, fram causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** STAFF PHYS. October 15, 1966 DIRECTOR M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Road Revnaldo Orjuela-Gomez. M. D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 23g. BURIAL CREMATION. REMOVAL (Specify) 7401 FERUAN SACRED HEART 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

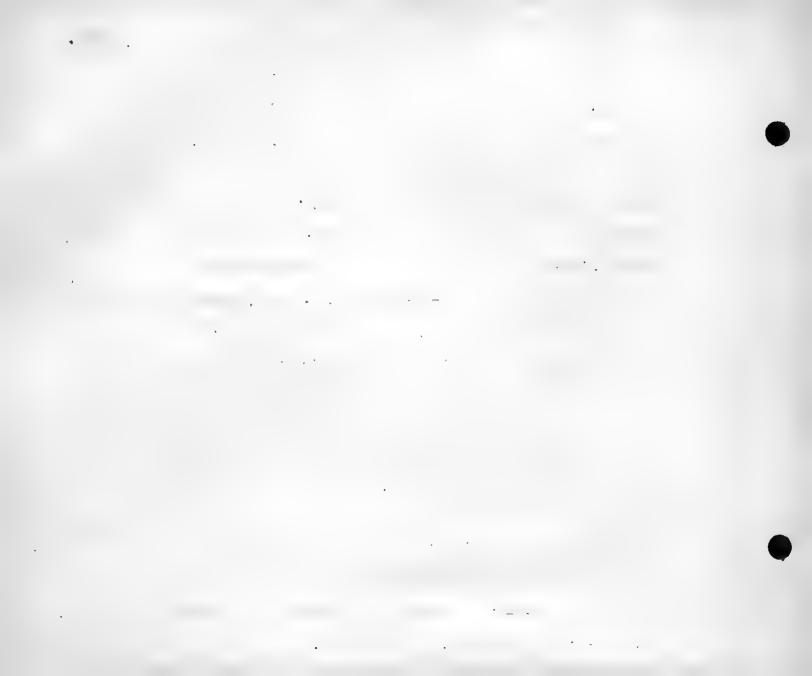
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death , puo requires thot the death certificate be executed within 24 hours after death and completely filled in by the funeral between carbon popers. Pages I and with any event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) p. COUNTY o. STATE **b.** COUNTY Baltimore Maryland Bal timore MARYLAND b (ITY OR TOWN (If autside carparate ilmits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURA), and give negrest town) Williams Avenue Catonsville 6 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Baltimore, Maryland YES 1 NO F SPRING GRO VE 3 NAME OF Middle 4 DATE First Day Year DECEASED Clifton Charles Neal (Type or print) DEATH October 9 AGE (In years OF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Manths Doys Hours Sept. 12, 1907 male white WIDOWED 10a USJAL OCCUPATION (Give kind af wark dane during most of working, te, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT physic on an hen please re noval, phidred COUNTRY? INDUSTRY West Virginia U.S. 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME / the attending phys removal unknown unk i...wn IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service 17 INFORMANT 16 SOCIAL SECURITY NO. Address ö 299-16-6001 unknown Records: SPRING cremotion. 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) signed by the burial-tronsit p burial, cremotia ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary thrombosis with myocardial infarction (MMEDIATE CAUSE (a) DHE TO Conditions, if any, which gave nse to immediate couse (a), DUE TO stating the underlying cause affending has been s os the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) FICATION USe Asthma NO X O FUNERAL DIRECTOR: After this certificate by the hospital or for 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) While at work Oct. 24, 19 66 that (1) 166 last 21. I certify that (IX (this haspital) attended the deceased fram. Poge 4 may be retained should M, from causes and on the date stated above. 19 66 saw the deceased alive anoct. 21 and that death accurred at 22b. DATE SIGNED 22a, SIGNATURE ATTENDING W. CEleglar DIRECTOR PHYS. M.D director, page should be filed 22d. ADDRESS SPRING 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify). Burta AD DRESS 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Miarley VR A15 (4) DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND ERTIFICATE OF DEATH death funera and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Carrett a. STATE b. COUNTY after after. Baltimore Marvland MARYLAND Baltimore Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Š oon papers. Pag within 72 hours hours Towson 9 months Towsbh/ Cakland Ξ. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS P.O. Box 188 ON A FARM? 24 Chesapeake Manor Nursing Home / Joppa/Rd/// NO 🗔 YES within etely completely ive carbon NAME OF Month 3. Middle DATE Dav DECEASED OCTUBER event, 1 DEATH (Type or print) 1966 executed 5. SEX 6. COLOR OR RACE AGE (In years LIF UNDER 1 YEAR IIF UNDER 24 HRS 8. DATE OF BIRTH геттоуе 7. MARRIED NEVER MARRIED last birthday) | Months | Hours any and Female White WIDOWED X DIVORCED Dec. 23 1884 81 yrs. = 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ician 10b. KIND OF BUSINESS OR please COUNTRY? INDUSTRY and Housewife attending physic ermit. Then plea Kevser, West Virginia U.S.A removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph H. Pritts Anna Fredlock 17. INFORMANT transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Box #188 21550 (Yes, no, or unkown) (If yes give war or dates of service) Oakl that the death No 218-14-8979 Mr. W. Robert Nethken Oumberland. Md the INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] I-transit à PART I. DEATH WAS CAUSED BY: MOS. attending physician. h IMMEDIATE CAUSE (a) signed been signed the burial-tri or to burial, c **DUE TO** The law requires OSCLEROSIS GENERALIZED Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. 33 CATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO CERTIFI 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. - Not While After p.m. at work at work retained ÷ 19 Lee, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from to 3 shoul DIRECTOR: M. from the causes and on the date stated above. and that death occurred at4 saw the deceased alive on 22b. DATE SICNED 22a. SIGNATURE þ page ATTENDING DIRECTOR \_\_\_ M.D. PHYS. may HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL 22c. 名 NAME (Type) director, should Page (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 Pikesville 10-4-66 Burial Cemeterv Marvland Druid Ridge 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. RECISTRAR'S SIGNATURE VR ALS (4) Wm. Cook-Brooks Towson Inc. 1050 York Rd. DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1383fi 13833 CERTIFICATE OF DEATH and 2 dearth. requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH **b.** COUNTY a. COUNTY Baltimore MARYLAND ease remave carbon papers. Pages I and in any event, within 72 haurs after c CITY OR TOWN (If autside carporate lim.ts, write RURAL and give nearest town) C LENGTH OF STAY IN 15 b. (ITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Baltimore Baltimore e IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) .⊑ completely filled 1344 Crofton Road Armacost Nursing Home YES NO X 4. DATE Middle 3. NAME OF DECEASED 66 Ear] G. Nickey October 19 DEATH Type or print) IF UNDER 24 HRS IF UNDER 1 YEAR DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday Haurs Months /24/1890 W WIDOWED DIVORCED and 12 CITIZEN OF WHAT 13 BIRTHPLACE (County & State or foreign country) 10b. KINO OF BUSINESS OR 10a USJAL OCCUPATION (Give kind of work done COUNTRY? INDUSTRY during most of working life, even if retired) Compositer-Retired Cent Abbotstown . Pa Co. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Jacob Nickey Anna Dellone Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no. or unknown) (If yes give wor ar dates af service) burial, crematian, ar (Same) Mrs. Helen R. Nickey 7-03-6407 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO RTERIOSCLEROFIC CARDIO VASCULAR Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse prior ta b as the last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) has use directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health NO Page 4 may be retained by the hospital ar FUNERAL DIRECTOR: After this certificate irectar, page 3 shauld be detached far u 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Hour a.m. Not While he deceased fram 1945 to 3, 1966, that (1) (we) last 1966, ond that death occurred at 46 M, fram causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive an OcT. 13 DATE SIGNED 220. SIGNATURE ATTENDING M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Dr. Arthur Karfgin Havenwood Road NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b DATE THEREOF 23g. BURIAL CREMATION. REMOVAL (Specify) Mt. Carmel Littlestown Burial 25b. REGISTRAR'S SIGNATURE 905 York Road FUNERAL DIRECTOR Sons VR A15 (4) 20 M 1/66



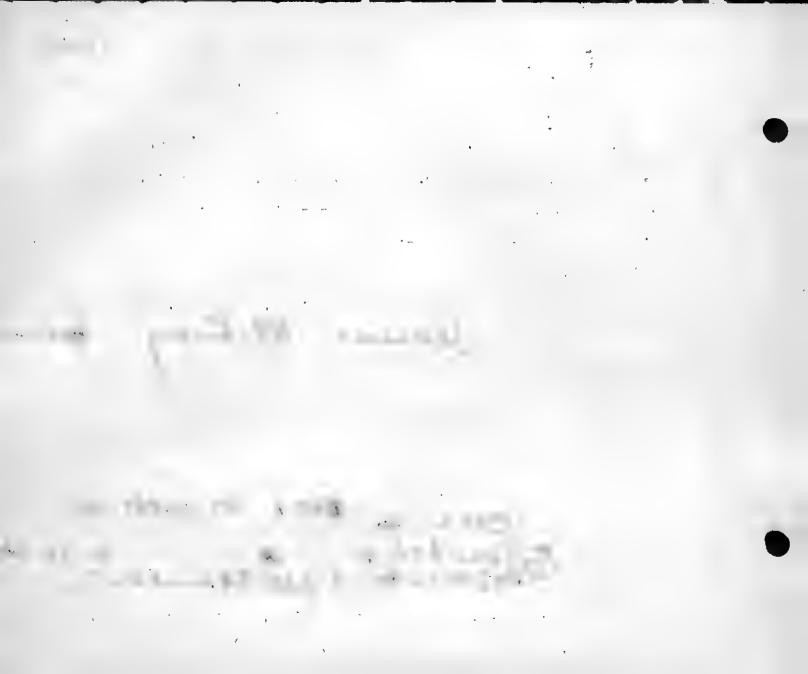
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CV 24 hours after death. g physician and campletely filled in by the funeral Then please remave carban papers. Pages I and Then please remay within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Beltimore Maryland MARYLAND b CITY OR TOWN (if outside corporate timits write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest fawn) 16vr3mth26dvs Catons ville Baltimore d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 2726 Baker Street SPRING GROVE YES [ NO STATE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3 NAME OF Eirst Middle Last 4. DATE Month Dav Year DECEASED Oden October (Type or print) DEATH Thurman 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 1888 Manths Days Hours WIDOWED DIVORCED Sept. 25. 1889 male white 10a USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
street car operator INDUSTRY COUNTRY? Virginia II. S. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME XXXXXXXX Thomas Oden unknown 1s. WAS DECEASED EVER IN U.S. ARMED FORCES? Nellie M. Oden 92 Milford Mill Rd. 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) unknown SPRING GROVE w213-10-0484Records: STATE HOSPITAL crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) signed by the burial-transit's PART I DEATH WAS CAUSED BY-ONSET AND DEATH Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if any, which gave rise to immediate cause (a). DUE TO as the prior to b stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? of Health YES NO Tuberculosis of the lungs ξď 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Hour o.m. factory, street, affice bldg, etc.) Nat While at work of work Oct. 27, 1966, that (I) (wed last 2]. I certify that (2) (this haspital) attended the deceased fram. July 50 ta. director, page 3 should should be filed with the 1966, and that death occurred at 4:00 M, fram causes and an the date stated above saw the deceased alive on\_\_\_ 22b. DATE SIGNED 22o. SIGNATURE felle 10-28-66 M.D DIRECTOR GROVE STATE HOSPITIVAT 22c PHYSICIAN'S NAME (Type) Stella Wachsler. M. D. 21228 Baltimore. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL CREMATION 23b. DATE THEREOF (State) BURIAL (Specify) 0 - 31 - 66Woodlawn Cemetery Baltimore, Maryland 2Sa. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR VR A15 (4) 4600 Liberty Hghts. Ave. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence physician ond completely filled in by the funerol semplease remove corbon papers. Pages Land deat a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b (1TY OR TOWN (If autside carparate limits write RURAL and give negrest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Baltimore 21211 e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address), d STREET ADDRESS 616 West 36th Street YES NO A NAME OF Last 4. DATE Middle Manth Day Year DECEASED Cora Orye October 29世 19 66 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. K SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED last buthday) Manths 11-15-89 Female White WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country)
West Virginia 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT ease ond ir during most of working life, even if retired) INDUSTRY COUNTRY? Own Home Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physical transit bernit. Iberrial WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, howar unknown) (If yes give war ar dates af service 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Arterio-sclerotic Cardio-vascular disease with peripheral vascular collapse Canditians, if any, which gave (b) Abdominal Mass, etiology undetermined. rise to immediate cause (a), DUE TO stating the underlying cause hos been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) NO 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While O FUNERAL DIRECTOR: After Oct. 29 1966 . 1960, that (1) (we) lost 21. I certify that (I) (this haspital) attended the deceased from Oct. 21 4 moy be retoined Oct. 29 1966, and that death occurred at 2:45 M2 from causes and on the date stated above sow the deceased alive on 22b. DATE SIGNED 22a, SIGNATURE ATTENDING PHYS. STAFF PHYS. Oct.29,1966 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) William H. Kammer 612 W 40 th St. Baltimore. director, should k 23g. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) 230-BURIAL, CREMATION, 23b. DATE THEREOF \_(State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24-FUNERAL DIRECTOR ADDRESS. 25g, REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Charlen 1966

(M)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
funeral 1 and 2 is death.	1. PLACE OF DEATH a. COUNTY Baltimore  2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence as STATE as STATE b. COUNTY	dence before admission)
hours afte d in by the rs. Pages thours afte	b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town)  Randallstown  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltimore	5.0 F
24 h filled paper lin 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Chapel Hill Convalescent Home  4803 Norwood Ave.,	e. IS RESIDENCE ON A FARM? YES NO
executed within 24 hours and completely filled in bremove carbon papers. Premove vent, within 72 hour	DECEASED (Type or print) Glenn Edward Osha DEATH October 1  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. OATE OF BIRTH   9. AGE (In years   IFUNDER 1 Y	
le exec	Male W. WIDDWED C DIVORCED NO V. 8, 1800 85 yrs. Windows (July 1964) 12, CITI	ZEN OF WHAT
certificate Iding phys Then ple removal, a	13. FATHER'S NAME William Osha Unknown	
at the death certifurian.  I by the attending transit permit. Therefore, cremation, or remov	(Yes, no, or unknown) (Effyes give war or dates of service) 060-07-9646 Erwin A. Young Alexandria, Va	INTERVAL BETWEEN ONSET AND DEATH
law requires the trending physical pass been signals as the burial prior to burial.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTEY MEDICAL EXAMINER)  ***XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5 years  19. WAS AUTOPSY PERFORMED? YES NO E
HYSIC) he hos this ce etache Dept.	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, tarm, 20f. (City or town)	ty) (State)
retained by ECTOR: After 3 should be with the Sta	21. I certify that (I) (this hospital) attended the deceased from May , 19.66, to October, 19.66 saw the deceased alive on October, 19.66, and that death occurred at COPM, from the causes and on the 22a SIGNATURE ATTENDING MED STAFF	e date stated above. TE SIGNED
U HOSPIIAL UK Bage 4 may be O FUNERAL DIR director, page Should be filed	22c. PHYSICIAN'S NAME (Type) MILIARY T. Traband, Jr.  22d. ADORESS 1811 North Rolling Re Baltimore, Md. 21207  23a. BURIAL CREMATION, 23b. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or coun	
VR A15 (4)	Cremation 10-20-1966   Loudon Park   Baltimore,  24. FUNERAL DIRECTOR   AOORESS   25a. REC'R BY REGISTRAR 25b. REGISTRAR'S  G. Howard Strong 3207 W. North Ave., DATE   DATE	



	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
7	e fall		13537 CERTIFICATE OF DEATH	13840	
	after death, the funeral ges 1 and 2 after deat	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, 11 it a. COUNTY		
	er o		Baltimore MARYLAND S. STATE Md.	Baltimore	
	aft aft ages ages aft saft		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, w	rite RURAL and give nearest town	
	hours d in by irs. Pai	_	(arney)	0. /	
	n 24 h y filled papers hin 72	^	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  8645 Richmond Ave.  8645 Richmond Ave.	e. IS RESIDENCE ON A FARM? YES NO	
	y within pletel carbon ent, with	3.	NAME DF First Middle Last 4. DATE Mon DF DECEASED (Type or print) Robert W. Pahr, Sr. DEATH Oct.	27 19 66	
	executed within 24 hours after in and completely filled in by the remove carbon papers. Pages I in any event, within 72 hours after	m	ale white WIDOWED DIVORCED 7-2-1898 (8 yrs.	111111111111111111111111111111111111111	
	physician on please r	du du	a. USUAL OCCUPATION (Give kind of work done industry)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country)  11. BIRTHPLACE (County & State, or foreign country)  12. Maryland	2) 12. CITIZEN OF WHAT COUNTRY?	
	certificat Iding phy Then p removal,	13	Robert Pahr 14. MOTHER'S MAIDEN NAME		
	e death ce the attend it permit.	- I (A	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address, no., or unknown) (If yes give war or dates of service) 212094256 Robert W. Pahr, Ir. 86		
	- De 10 E		18. CAUSE DF DEATH (Enter only one cause per interior (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CAUCE  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH	
	physician signed burial, c		Conditions It any which I		
	ding plant been the burto but to but		gave rise to immediate ( D) DUE TO		
	The law re l or attendi cate has bo or use as the	ATION	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II	PERFORMED?	
	PHYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed by detached for use as the burial-trane Dept. of Health prior to burial, cye	CERTIMICATION	20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO Of Item 18.)	
	2 ≥ 5 0 to to	MEDICAL (	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   20f. (City or town)   4 while   20f.   4 work   20f.   20f. (City or town)   20f.   20f.	(County) (State)	
	ATTENDIN retained th CTOR: Aft should b rith the St	-	21. I certify that (I) (this hospital) attended the deceased from 1950 to Oct	7, 19 66 that (I) (we) last and on the date stated above	
	OR / be JIRE		22a. SIGNATURE  MED. DIRECTOR STAFF DIRECTOR PHYS.	22b. DATE SIGNED	
		,   	22c. PHYSICIAN'S NAME (Type) DOIMEN del 1 5 2308 Elmonds	man	
	TO HOS Page TO FUN direct should	23	burial 10-31-66 Holy Redeemer (em. Baltimore	2, Md.	
	VR AI5 (4)	2	Leonard J. Ruck, Inc Baltimore, Md. DATE OCT 3 1 1966	BECUTRAR'S GIGNATURE	
	POLICE CAGO				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH a. COUNTY Z. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY by the furnished by the Baltimore Md. MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by i bon papers. Page within 72 hours a Randallstown Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE Marble Hall ON A FARM? Chapel Hill Nursing Home Northwood Apts. Rd. YES NO completely f ve carbon p executed within 3. NAME OF Month Middle Last 4. DATE Day Year DECEASED event. October (Type or print) Grace Parker DEATH 30. E. 19 66 SEX 6. COLOR OR RACE AGE (in years | IFUNDER 1 YEAR | IF UNDER 24 HRS етоме 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED □ last birthday) Months I Days and any Female White WIDOWED X Jan. 24, 1882 DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY physician on prease r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? Housewife **HSA** Connecticut 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phy rmit. Then p n, or removal. Theodore B. Wright Ida J. Rawson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address transit permit. (Yes, no. or unkown) I (If yes tive war or dates of service) 220-44-8847 No Mr. Winslow H. Reisterstown, Md INTERVAL BETWEEN ONSET AND DEATH burial-transit p 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that ti be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) +22 DUE TO Conditions, if any, which bee gave rise to immediate 함으 DUE TO cause (a), stating the as th After this certificate has 1 be detached for use as 5 state Dept, of Health prio underlying cause jast WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work D.M at work FUNERAL DIRECTOR: Aftilization, page 3 should be hould be filed with the Si 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2:30 fM, from the causes and on the date stated above. say the deceased alive on. 22a SIGNATURE DATE SIGNED 22h. ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYSO Page 4 may PHYSICIAN'S 22c. 22d: JADDRESS director, p should be NAME (Type) 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Soccify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State 0 Loudon Park Cemetery Baltimore. Burial Nov. Md. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. 1966 Eline & Sons Reisterstown. Md. VR ALS (4) DATE 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13334 requires that the death certificate be executed within 24 hours after death. death signed by the attending physicion and completely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and burial, cremation, or remavaluantly any event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Maryland b CITY OR TOWN (tf outside corporate limits, write RURAL and give nearest town)

Baltimore C LENGTH OF STAY IN 16 c City OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21212 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? St. Josephs Hospital 5900 Fenwick Ave YES 🗌 NO NAME OF Middle DATE Dov Year DECEASED (Type or print) Maie Parson DEATH October X32 .2 IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE ( n years 7 MARRIED NEVER MARRIED lost\_birthdoy) Months Doys Hours Feb. 22, 1900 66 yrs female white WIDOWED DIVORCED 10b KIND OF BUSINESS OR 100 JSJAL OCCUPATION (Give kind of work done 1) BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working Life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI 16. SOCIAL SECURITY AO IS WAS DECEASED EVER IN U.S. ARMED FORCE S? 17 INFORMANT doress (Yes, no, or unknown) (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: ONSET AND DEATH Cerebral Hemorrhage IMMEDIATE CAUSE (o)\_\_ DUE TO Conditions, if ony, which gove nse to immediate couse (o), DUE TO stoting the underlying couse as the prior tal attending hos been lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO K ro Funeral Director: After this certificate director, page 3 shauld be detached far us Page 4 may be retained by the haspital ar 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year (County) Hour o.m. foctory, street, office bldg., etc.) While Not While of work at wark 21. I certify that (1) (this haspital) attended the deceased fram October 519 66, to October 619 66, that (1) (we) last saw the deceased alive on October 6 1966, and that death occurred a2:15aM, from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING neauou PHYS. M D DIRECTOR Oct. 6. 1966 PHYS director, page should be filed 7620 York Rd. Towson Md. 21204 22c. PHYSICIAN'S Fernando B. Canon M.D. NAME (Type) 23c. NAME OF CEMETERY OF CREMATORY 23b DATE THEREOF 23d. LOCATION [Cry or Town) BURIAL CREMATION. (County) (Stote) BEMOVAL (Specify) ESICE EI 10 6 24. FUNERAL DIRECTOR ADDRESS 2So, REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

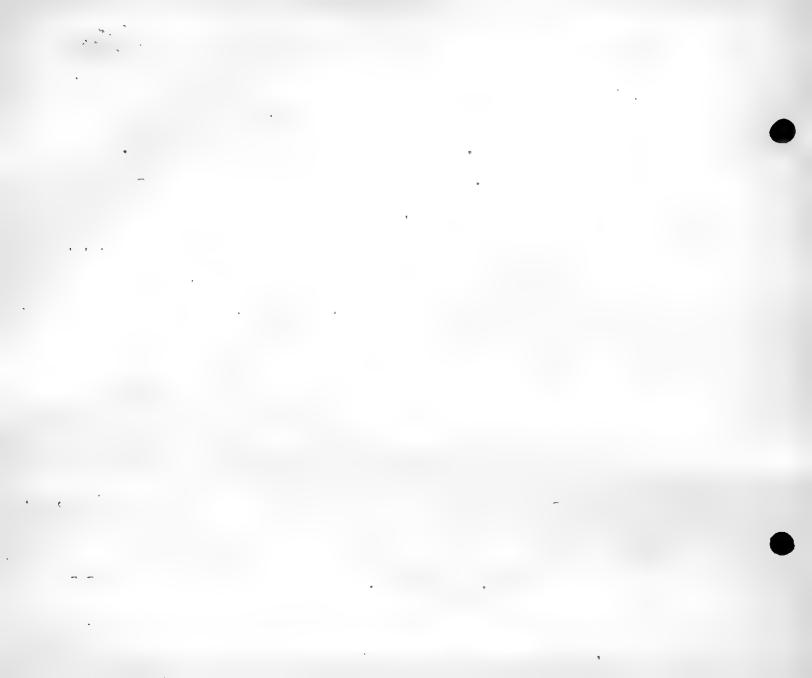


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 740 funeral and 2 and 2 death, hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Baltimore in by the fus. S. Pages 1 hours after Maryland MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Bradshaw Bradshaw papers. papers. in 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS e. IS RESIDENCE ON A FARM? 24 Mount Vista Road Mount Vista Road YES 1 NOJO completely i we carbon p event, within death, certificate be executed within NAME DE Middle Last DATE Month Day DECEASED 25 YSOMS anvence DEATH (Type or print) 196 6 and con remove any eve 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Cays | Hours | Min. 8. 7. MARRIEO X NEVER MARRIED White Male Months I Oays Hours WIOOWED [ OLYORCED [ 5 physician n please r 1Da. USUAL OCCUPATION (Give kind of work done, 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired Trainman New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lawrence Parsons Elmira 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address · (Yes, nonger unkown) (If yes give war or dates of service) (Same) been signed by the att the burial-transit perm or to burial, cremation, o 705-05-5102 Mrs. Lutie Parsons CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires man the hospital or attending physician. DUSYCI IMMEDIATE CAUSE (a) **OUE TO** rferiosclaros is Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL GISEASE CONDITION GIVEN IN PART 1(a) certificate has the standard of Health p WAS AUTOPSY PERFORMED? NO I YES [ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached for Dept. of 1 MEDICAL 2Dc. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Ноиг а.т. While DR ATTENDING be retained by p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 6, and that death occurred at 93 M, from the causes and on the date stated above. Oct. 6 saw the deceased alive on 22a. SIGNATURI OATE SIGNEO page ATTENDING 0-25-6 Page 4 may FUNERAL director, p should be f 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)+ 23b. OATE THEREOF 23c. AME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, (Specify) 29 /66. Parkwood Cemeterv Baltimore. Md. **AOOR ESS** REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Leonard J. Ruck Inc. Balto. Md. 21214 19 VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13347 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution a COUNTY a STATE b (OUNTY ď Baltimore Maryland Baltimore MARYLAND c CITY OR TOWN (f outside corparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b and ofter XXXXXXXX LONG GREEN d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e S RESIDENCE ON A FARM? hours alang with farm 6701 Loch Raven Blvd. Longgreen and Manner Rd. YES NO pencil in Item 18 Give Pages ate haurs after death 3 NAME OF First Last 4 DATE Month DECEASED 10-8 P. 19 66 JACK PATTERSON with the DEATH F UNDER 24 HRS 5 SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARR ED lost birthday) Months Hours WIDOWED SEP DIVORCED 6-8-1921 Office c 100 JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT COUNTRY? IND.,STRY Pennsylvania U.S.A 'pending" in pencil in ef Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Donald Emmrick Belle Patterson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) (If yes give war or dates af service) removal Mrs. Margaret P. Reynolds, Box 434, Florida NTERVA. BETWEEN 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY Asphyxia due te carbon monoxide 50 IMMEDIATE CAUSE (a). s a burial-tra crematian, This certificate shauld writing the ward DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause bur.al, a PART I OTHER SIGNEFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM WAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? NO TO please execute the certificate. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of tem 1B.) MEDICAL EXAMINER: CAUSE OF DEATH Asphyxiated while sitting in car 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (State) Haur om Nat While foctory, street, office b dq , etc ) of work at wark Parking let Baltimore. Md. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X and in my opinion deoth resulted from Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10-8-66 DEPUTY MEDICAL EXAMINER ₽ Charles S. Springate, M.D. **EXAMINER'S** 5 may 10 FUNE Health NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23g BURIAL CREMATION. REMOVAL (Specify) 10-12-66 Baltimore National Cemetery Baltimore, Maryland 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (B) Howard H. Hubbard, 4107 Wilkens Avenue 21229

MARYLAND STATE DEPARTMENT OF HEALTH



shauld be filed with director ofter death uneral TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 physician and completely filled event, within 72th ģ as the burial-transit to burial, crematian, ar Đέ poge 3 should be the State Board of FUNERAL DI O HOSPITAL 0 VR A1S (4) 1SM 9/59

PLACE OF DEATH

NAME OF DECEASED

5. SEX

(Type or print)

Male

13 FATHER'S NAME

Yes

Balt1more

d NAME OF HOSPITAL (find in hospital, give street address)
OR INSTITUTION
Chaple Hill Nursing H

Edwin L.

6 COLOR OR RACE 7

White

10a. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR

IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

b. CITY OR TOWN (if outside corporate limits, write

RURAL and give nearest town)
Sylvesyl/Ne

U.S.Corp of Eng.

Edwin F. Paul

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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**NEVER MARRIED** 

c. LENGTH OF STAY IN

RANDALLSTOWN

Nursing Home

Pau]

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		Last		4. DATE OF DEATH		Moni	13	Do	7	Yeor 19 66
	B DATE OF	BIRTH			9. AGE	(In years inthday)			IF UND	
J	Oct.	21,	. 19	06	1031 0	9 yrs	Months	Days	Hours	Min.
NDU	STRY 11. BIF	RTHPLAC	E (State c	er foreign c	ountry)		12. CI	TIZEN O	F WHAT C	OUNTRY?
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	14. MOTI			hort						
17. U	FORMANT					Addr	ess			
G	race	R.	Pau	1 6	750	Ran	gom	Dr.	212	207
				* ***	,	! -		INT	ERVAL BE	TWEEN

_		
	18. CAUSE OF DEATH [Enter anty one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. Brouch Production of ASPI	RATION)
	Conditions, if ony, which gove rise to immediate DUE TO  DUE TO  DUE TO  DUE TO	,
714	couse (o), stoting the under-  (c) CVA and Subaracuotel Le  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19 WAS AUTOPSY
ξ		PERFORMED?

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18.)

MEDICA	20c. TIME (	o. m. p. m.	Month,		While Not at work at work		PLACE OF INJURY factory, street, affin		f (City or town)	(County)
	21   ceri	t <b>ify</b> that	(l) (this h	naspital)	attended the	deceased fra	n 15-2	24- 1966	.to 10-13-	19.66 H

hat (I) (we) last -13-1966, and that death occurred at \$4.M, from the causes and on the date stated above. saw the deceased alive an 220 SIGNATUR 10-14-6C SIGNED ATTENDING PHYS.

MD. DIRECTOR | 22d. ADDRESS 22¢ PHYS-C AN'S CESAR VALLE - CAVERO

4	230 BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county)	(State)
	BM9Y4L (Spec fy)	10.15.66	Harrichung Cometom	Vannish PA	

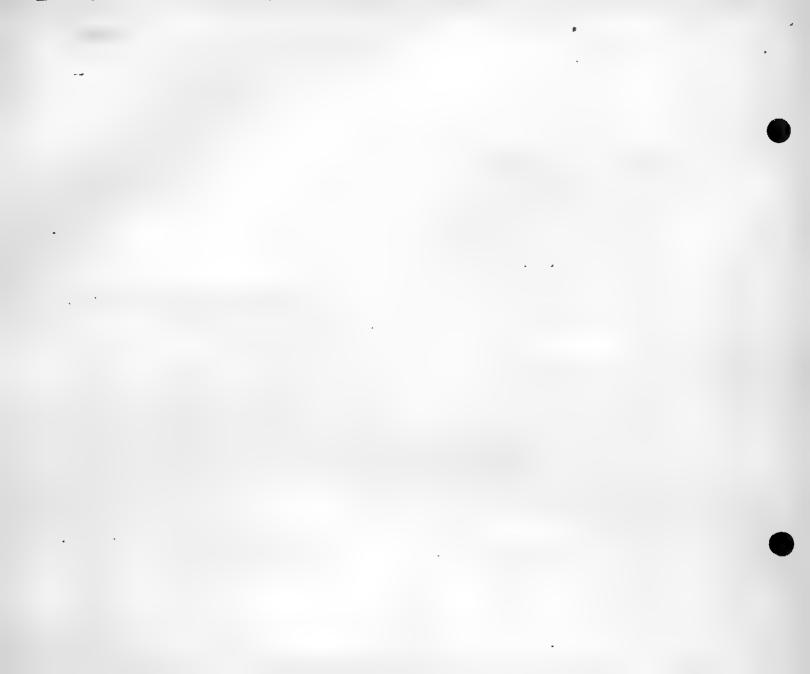
24. FUNERAL DIRECTOR'S SIGNATURE 6411 Windsor Mill Rd.

REDISTRAR'S S GNATURE 25a REC'D BY REGISTRAR 25b

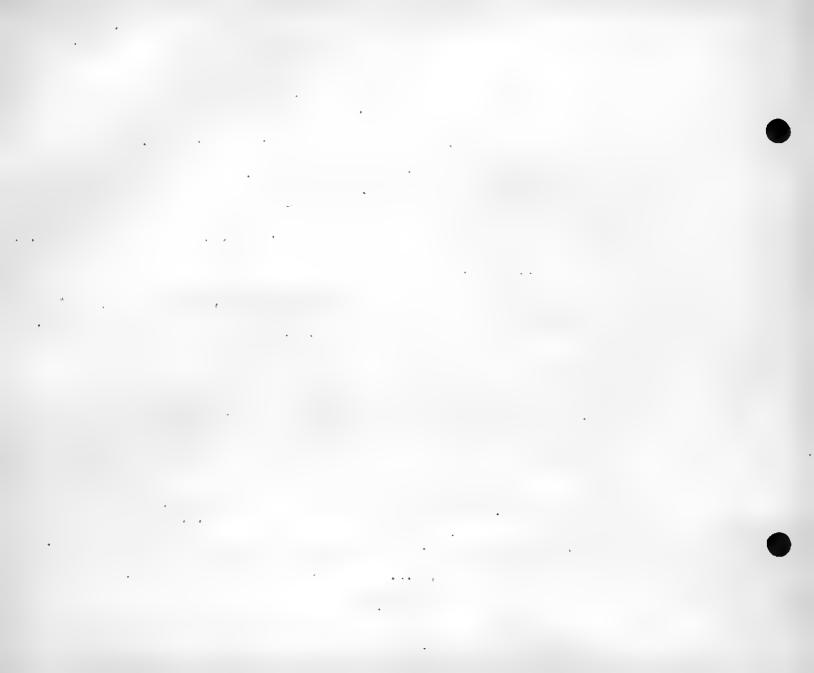
(State)



Baltimore County General Hospital  Baltimore Genera	ND
Baltimore  Baltimore  C. CITY OR TOWN (if outside corporate limits, write RURAL and give write RURAL and give nearest town)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Baltimore  G. NAME OF HOSPITAL OR INSTITUTION (if no	
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d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)    A	p.
Baltimore County General Hospital 4601 Pall Mall Road YEE    Pall Mall Road   YEE   South   So	IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  12b. KIND OF BUSINESS OR INDUSTRY  11c. BIRTHPLACE (County & State, or foreign country)  12c. CITIZEN OF INDUSTRY  13c. FATHER'S NAME  14c. MOTHER'S MAIDEN NAME	NO 🗌
(Type or print)  (Type	Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years) IFUNDER 1 YEAR IF I SEX DIRTHARY MONTHS OAYS WIDOWED OIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY At Home RUSSIA 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OI COUNTRY?  Housewife 13. Father's NAME 14. MOTHER'S MAIDEN NAME	1966
WIDOWED OIVORCED 102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR lindustry  Housewife At Home Russia  13. FATHER'S NAME  WIDOWED OIVORCED 11. BIRTHPLACE (County & State, or foreign sountry) 12. CITIZEN DI COUNTRY?  Housewife At Home Russia  14. MOTHER'S MAIDEN NAME	UNDER 24 HRS. Hours   Min.
102. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)  103. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)  104. INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OI INDUSTRY  PUSSIC  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
Housewife At Home Russia Ut	WHAT
13. FAIRER'S NAME	SA
F FF Calaman Vaturation	
Solomon Konnanun  15. Was deceased ever in U.S. Armed Forces?   16. Social Security No.   17. INFORMANT  Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (Yes, no, or unknown) (If yes give war or dates of service)	
No Nr. Irving Peltz, 130 Slade Avenue,	Apt 221
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I OFATH WAS CAUSED BY.	AND OEATH
PART I. OEATH WAS CAUSE BY:  IMMEDIATE CAUSE (a) Ucate Corebro-Vascular Acc.	days
SE SE Conditions, If any, which \ ON ASC. V.D.	
Conditions, If any, which (b) (b) (b)	
cause (a), stating the OUE TO underlying cause last.	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. 1]	AS AUTOPSY
20 7 Sept 66 YES	ERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. The second secon	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
조 열 명	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While at work at work	
21. I certify that (I) (this hospital) attended the deceased from 1960; to 10/28, 1966, that	(ID(we) last
saw the deceased alive on 10/28 1966, and that death occurred at 1/2M, from the causes and on the date	
The signature and signature and signature are signature and signature and signature are signature are signature are signature and signature are signature ar	EB
M.O. ATTENDING MEO, OIRECTOR STAFF   10/28/	tela
Z2c. PHYSICIAN'S NAME (Type) M. A STATE OF THE PROPERTY OF THE	
Assessed   Lower Marchine   Mandall John March	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Cintal
Burial 10/30/66 Beth Thilah Baltimore Maryland 24, FUNERAL PIRECTOR AGORESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL	(State)
100 may a 1000 ml	
20M 1/65 JOHN COMMENTS JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	



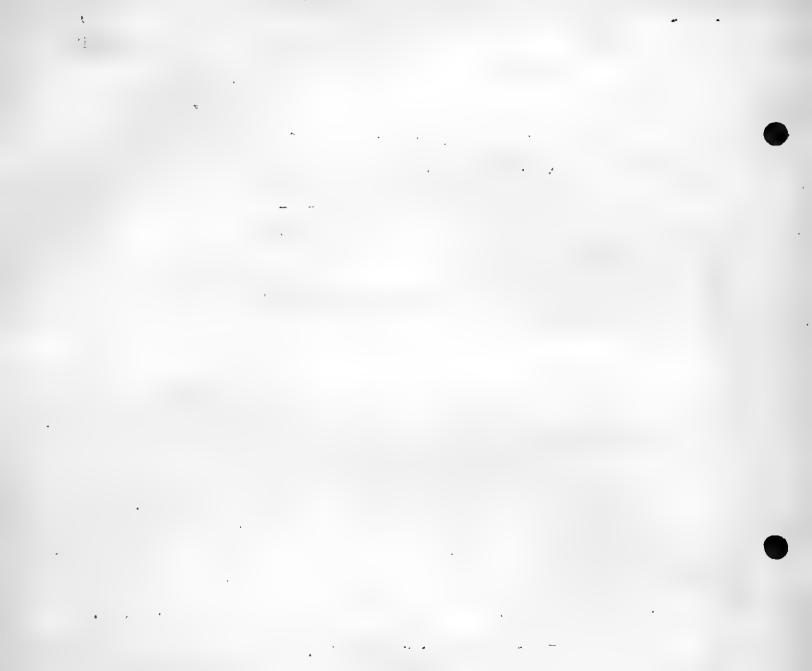
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Raltimore Maryland MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by Owings Mills 2 yrs. Ξ 279k Baltimore bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rosewood State Hospital ND Te Tivoly Ave. YES completely i executed within NAME DF 4. DATE Middle Last Month Year DECEASED DF DEATH event, (Type or print) Douglas Joseph PENN. 10 19 Jr 66 5. SEX 5. COLDR DR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. nding physician and c. Then please remove removal, and m any e WIDOWED | DIVORCED [ 11-3-60 Male Negro 103. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be COUNTRY? Dependent
13. FATHER'S NAME Baltimore. Maryland U.S.A. none 14. MOTHER'S MAIDEN NAME Douglas Joseph Penn S1
15. WAS DECEASED EVER IN D.S. ARMED FORCES? Lena Mae Mitchell ed by the attend transit permit. cremation, or ri 17. INFORMANT 16. SOCIAL SECURITYNO. Address (Yes, no. or unkown) I (If yes give war or dates of service) Rosewood Records, Owings Mills, Maryland been signed by the the burial-transit p or to burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDICIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDUCTION GIVEN IN PART 1(0) WAS AUTDPSY or use Health PERFORMED? certificate MANAKES O HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or nicro abbala Onunila. ND IV 203. ACCIDENT WAS UNDERLYING DEATH OF CONTRIBUTING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, Enter nature of injury. In Part 1 or Part 11 of Item 18.) hed f DIRECTOR: After this cage 3 should be detach MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work 64 to 10/21 1966 21. I certify that R (this hospital) attended the deceased from. 19 19 66 and that death occurred at 9:45M, #rem the causes and on the date stated above. 10/21 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page MED.
DIRECTOR ATTENDING 10-21-66 TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be Rosewood State Hospital, Owings Mills Md NAME (Type) Crosby Greene, M.D. 23b 23c. \*METERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVÁL (Specify) BULLAL 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR OCT BY REGISTRAR 25a. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13845 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH **b** COUNTY o. COUNTY o. STATE Pennsylvania Baltimore MARYLAND ve corbon popers. Pages I event, within 72 hours after CITY OR TOWN (If autside corporate imits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Pittsburg 2 Years d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RES DENCE ON A FARM? d STREET ADDRESS completely filled in Chesapeake Manor Nursing Home 1140 Wisconsin Ave. YES NO IX 3. NAME OF Middle Lost 4 DATE Month First Year DECEASED (Type or print) PERRING OF DEATH 26 19 66 OCTOBER JR JOHN Sept. 19, 1883 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Doys Hours White Male WIDOWED 83 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) U.S.A. Utility Company Pittsburg, Pennsylvania Clerk 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah (Not Known) John Perring 16 SOCIAL SECURITY NO. 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 167-01-3094 Mrs. Husler 806 Southwick Dr. Towson, Md. INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY MEARI IMMEDIATE CAUSE (o) ENERALIZED ARTERIOSCHEROSIS Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use NO IX 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg, etc.) Hour o.m. Not While ro Hospital OR ATTENDING Page 4 may be retained by the of work 21. I certify that (1) (this hospital) attended the deceased from SEPT 26, 1966, to OCT 26, 1966 that (1) feet lost saw the deceased alive on Oct 25 1966, and that death occurred ot 25 M, from couses and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE eworkste DIRECTOR M.D. 22c PHYSICIAN'S 206 W. PENINA. AV. TOWER Md SIWINSKI 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230. BURIAL, CREMATION, 23b DATE THEREOF (Stote) Wellsville, Ohio Burial (Specify) Spring Hill Cemetery Oct.29,1966 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Wm Cook Brooks Towson 1050 York Road VR A15 (4) 20 M 1/66 Towson, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and dead 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where decrased lived, If Institution: Residence before admission) BALTIMORE a. CDUNTY b. COUNTY after RMXKXRX MARYLAND MARYLAND Pages urs aft b. CITY DR IDWN (If outside corporate limits. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b write RURAL and give nearest town) à 2BALEASTREOMPRYRAND 三 bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE DN A FARM? 24 GREATER BALTIMORE MED CENTER 204 EAST JOPPA ND. ROAD YES within etely carbon 3. NAME OF Middie Month DATE Year Last Day DECEASED event. 21 comple MARION XXXXXXXX 1.0 -(Type or print) DEATH 19 66 PHILIPS executed 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. remove NEVER MARRIED last birthday) Months I any рие FEMALE CAU WIDOWED DIVORCED [ 74 6-14-82 1Da. USUAL OCCUPATION (Give kind of work done) Œ 10b, KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT physician death certificate be during most of working life, even if retired) COUNTRY? MARYLAND US A Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JESSE attending HARTMAN Elizabeth Marion 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address per≡it. 5 (Yes, no, or unkown) ((If yes give war or dates of service) 220-34-5190B PATIENT'S cremation. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH requires that the burial-transit burial, cremi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. RATOR signe DUE TO Conditions, If any, which been gave rise to immediate 감 DUE TD cause (a), stating underlying cause last. (c) WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate and detached for use to Dept. of Health is use Health PERFORMED? CERTIFICAT NO. PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING ( DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After at work p.m. 19 at work 0 21. I certify that (I) (this hospital) attended the deceased from DIMECTOR and that death occurred at 1 D.M. from the causes and on the date stated above. saw the deceased alive on 3 sho 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS May HOSPITAL TUNERAL 22c. PHYSICIAN'S 22d -ADDRESS director, p NAME (Type) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. 23d. LOCATION (City, town or county) DATE THEREOF Burial Pikesville\_8 Ridge Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Loring Byers-8728 Liberty Rd. Randallstown 21103 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral, after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Bultimore IId MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b and completely filled in by remove carbon papers. Pag any event, within 72 hours hours Balti moe Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS **B. IS RESIDENCE** ON A FARM? Shady Nook Nursing Home 1106 Wildwood Pkwy. YES NO executed within 3. NAME OF Middle Last DATE Month Year DECEASED OF DEATH Oct. (Type or print) Katherine 9 66 A. 19 Phillips 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED F Th 9-9-80 86 MUNCKIEDY lease re and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR physician INDUSTRY COUNTRY? Marvland Housewife USA 14. MOTHER'S MAIDEN NAME remoyal, 13. FATHER'S NAME Late-Joseph Gott Late-Mary A. Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. J 16. SOCIAL SECURITY NO. r this certificate has been signed by the atten detached for use as the burial-transit permit. te Dept. of Health prior to burial, cremation, or Joshua T. Cockey (Yes, no, or unkown) | (If yes give war or dates of service) death 7706 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OR ATTENDING PHYSICIAN:** The law requires that the retained by the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Dec 24, 1965 heales but bedredden NO M YES | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of Item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Fellathame. noscan MEDICAL 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20f. (State) (County) 20c. TIME OF INJURY Month, Day, Year (City or town) factory, street, office bldg., etc.) ma "While Not While at work A O FUNERAL DIRECTOR. After director, page 3 should be d should be filed with the State Norma 10-9, 1966, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 12-24 1961 \_19.66, and that death occurred at 10.39M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR M.D. PHYS. TO HOSPITAL (Page 4 may | ADDRESS PHYSICIAN'S 1129 St Paul St NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION.) 23b. DATE THEREOF REMOVAL (Specify) 10-13-66 Woodlawn Cem. Baltimore Burial FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. F.D.-4101 Edmondson Ave. VR A15 (4) 15M 4-64



	MARYLAND STATE DEP	ARTMENT OF HEAL	TH	
DIVISION OF STATIS	STICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET	, BALTIMORE 1, MARYLA	ND
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b. CITY OR JOWN (if outside co write RURAL and give neers	at lown)	1 16	orporete limits, write RURAL and give rea	rest fown)
d NAME OF HOSPITAL OR INS	TITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS		a. IS RESIDENCE
2/01/21/1	11 Sense	207 64	TC /2	ON A FARM?
B. NAME OF	Trest Mydd .	Loss 4. DATI		Aest MO
(Typa or pr n!)	DEAT T. 1.11/3	OF DEAT	тн /6 . 6	196,6
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13. FATHER'S NAME	52 /16/	14 MOTHER'S MAIDEN NAME		
THE WAYNE		15 MOTHER SMAIDER HAME	2 4 -	
15. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
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	far only one cause per line for (a), (b), and (c)	1 -de 11	I_ [ INTER	VAL BETWEEN T AND/DEATH
PART I. DEATH WAS CAI IMMEDIATE	CAUSE (a)	lesting Head	+ Frilate ONSE	+ ddy
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(e), stating the underlying couse last.	DISECS E			/
	(c) (L) (L) (N) (CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1(a) 19.	
Z PART II. OTHER SIGNIFICA			YES	PERFORMED?
208. ACCIDENT WAS UNDERLE OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OF CAUSE O	YING   20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or P	art II of Item 18.)	
	EXAMINER)			
20c, TIME OF INJURY Mon		CE OF INJURY (Homa, farm, 20f. (Cory, streat, office bldg., atc.)	City or town) (County)	(State)
	19 at work at work	1/5	10/6/66	
	his hospital) attended the deceased from.	4 - 0	to, 19, tha	
saw the deceased alive	on and that	death occurred a 35. M, fro	om the causes and on the date	stated above
AZE. SIGNATURE	The State	ATTENDING MED.	STAFF 196/	Signi
22c. PHYSICIAN'S	Frace Civilian D	22d. ADDRESS	1 - 1 0 1 0 For	511-1/4
NAME (Type)	- Veta	1303 FIZN	enclosed cellon	1/// Z
238. BURIAL CREMATION, 236		OR CREMATORY 23d. LC	CATION (City, town or county)	(State)
10	110/66 19944	Here	7	
24 FUNERAL DIRECTOR'S SIGNAT	DIST ADDRESS	25a. REC'D BY REG	ilstrar 256. REGISTRAR'S SIGNATUI	()
- Jeen 7	. , ., ,	DATE UU 1	O 1200 Horaster	Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13949 law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and a. COUNTY o. STATE b. COUNTY Baltimore Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURA), and give nearest town) write RURAL and give negrest town) 7 mons. Baltimore Pikesville 21207 d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) B IS RESIDENCE d. STREET ADDRESS Robbs Mursing Home, Essex Road, Baltio. 3820 Oak Ave. NO 🔀 YES 🔲 3. NAME OF DATE 1 asi Month Dov Year DECEASED (Type or print) Anastasia Porter Rvan October DEATH S SEX AGE ( n years IF JNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) Dovs Hours Female. White WIDOWFD DIVORCED April 15.189# 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of warking life, even if refired)
HOUSEWILE INDUSTRY Winona, Minn.
14. MOTHER'S MAIDEN NAME own home 13 FATHER S NAME Daniel A. Ryan Margaret McAnally IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Add Baltimore 7, Md. (Yes, no ar unknown) (If yes give wor or dates af service) 212-01-5688 Mrs. Margaret V. Donahue 3520 Oak Ave. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH CARDIAC IMMEDIATE CAUSE (a). Page 4 may be retained by the haspital ar attending physician. 
TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) NO A YES ā 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) detached f te Dept. of l (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City ar town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Not While factory, street, affice bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased fram MARCHF, 1966, ta SEPT. 22, 1966, that (I) two) last saw the deceased alive an SEPT. 22, 1966, and that death occurred at 200AM, fram causes and on the date stated above. 22a SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. M.D. directar, page 3 shauld be filed v 22d ADDRESS 22c PHYSICIAN S NAME (Type) 28HERNO 23L NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION, 23b. DATE THEREOF (County) (Stote) TREMOVAL (Specify) Oct. 7, 1966 Loudon Park Cemetery Dallimore, Md. 25g, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

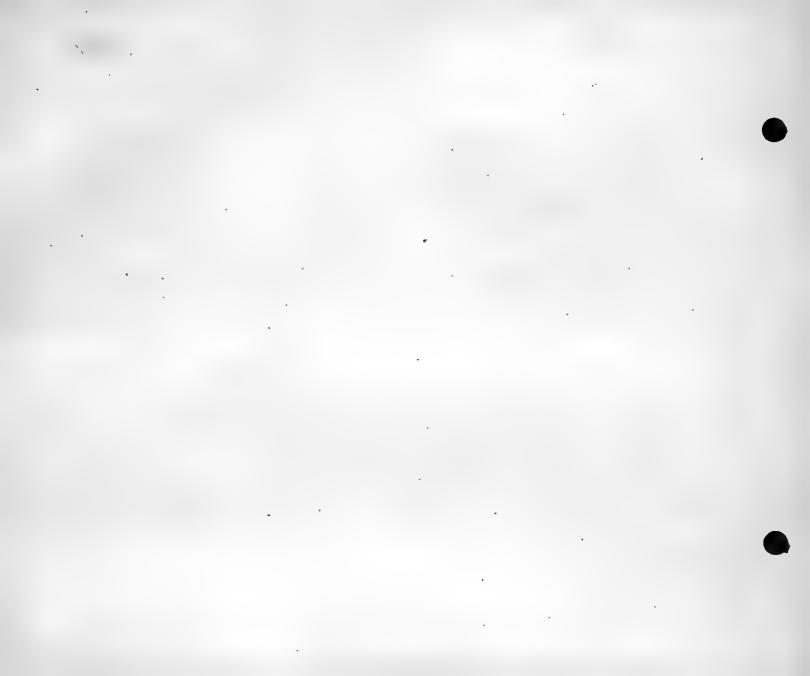
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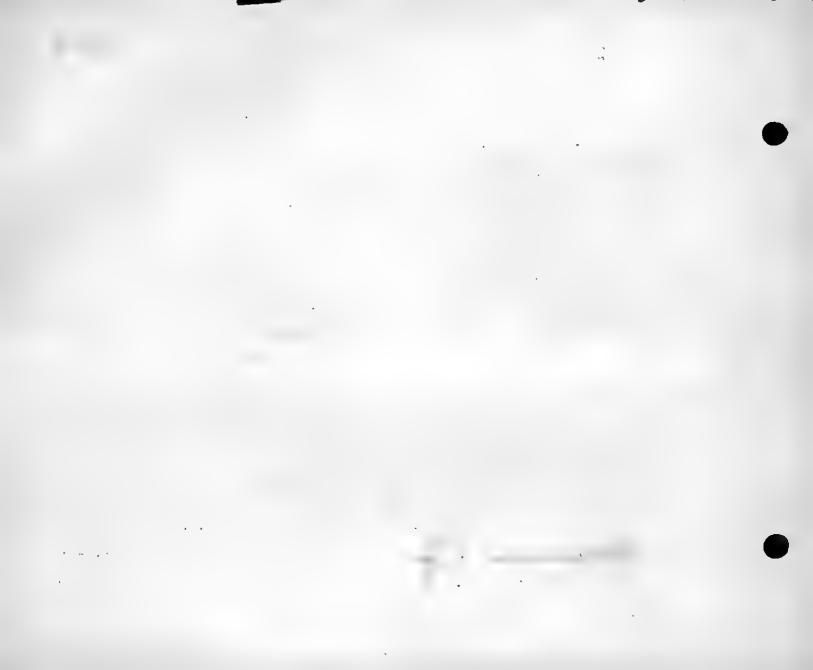
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13853
after death.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY  1. PLACE DF DEATH a. COUNTY b. COUNTY  b. COUNTY  c. STATE b. COUNTY
after the after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARYLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
rted within 24 hours completely filled in by ve carbon papers. Pagevent, within 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give arrest address)  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENC ON A FARM?
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be executed within siein and completely lease remove carbon party any event, with	F 21640 WIDOWED DIVORCED MANUEL Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
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eath certific attending p ermit. Them	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no, or unknown) (If yes give war or dates of service)
he do	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY: 1 / / / / / / / / / / / / / / / / / /
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The law requires or attending phygate has been sign use as the burinealth prior to burinealth prior to burinealth	Genditions, If any, which gave rise to immediate cause (a), stating the DUE TO
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the unit of the new th	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO SON ACCIDENT WAS UNDERLYING 120b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  OR CONTRIBUTING 1 CAUSE OF OF ATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSICU Le hosp his cel stached Dept. c	ZOC. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
ing Pi d by th After t I be de State	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, lam, hour a.m., p.m. / 19 / At Work   At work   factory, street, office bldg., etc.)
O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. ThuERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filled with the State Dept. of Health prior to burial, cre	21. I certify that (I) (this hoseital) attended the deceased from 1900, that (I) (we) as saw the deceased alive on 1900, and that death occurred at 1900, M, from the causes and on the date stated above 22a. SIGNATURE) 22b. DATE SIGNED
N. OR An ay be a posses 3 sage 3 filed w	H.J. Charguer M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DOCKS 66
TO HOSPITA Page 4 me O FUNERAL director, p	NAME (TYPE) Dr. H.S. L. HALLANT GOLD YORK KOAD Bullung 15th
TO FI dire shor	233. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State)
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR' 25b. RECISTRAR'S SIGNATURE  LAME C. CLANTANA 1701 M. CULLUL St. DATE OCT J 1966
20M 1/65	Mest. Md.

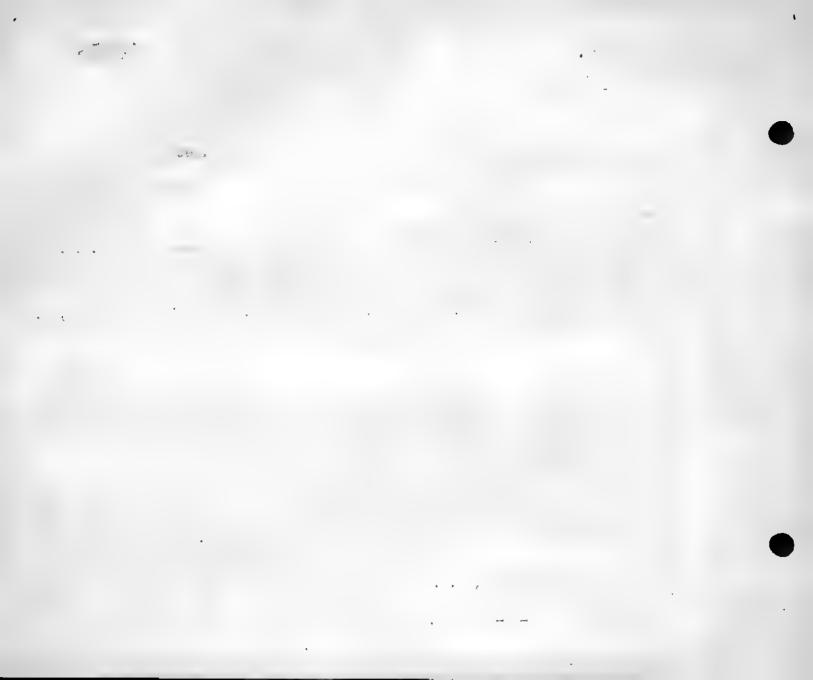


1 /	MARYLAND STATE DEPARTMENT OF HEALTH	1. MARYLAND
= 202	LOOSE #CERTIFICATE OF DEATH	13854
hours after death, d in by the funeral rs. Pages And 2 2 hours after death	1. PLACE OF DEATH a. CRATTIMORE  MARYLAND  1. PLACE OF DEATH a. CRATTIMORE  MARYLAND  A. STATE MARYLAND  MARYLAND	Baltimore
afte afte	b. CITY OR TOWN (if outside corporate limits, write Function of C. LENGTH OF STAY IN 1b write RURAL and give nearest town)	
in by S. Pags.	Baltimore Baltimore	: /
24 High 24 26 High 24	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  St. Joseph Hospital  1409 Kent Road	e. IS RESIDENC ON A FARM? YES ND
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xec and any	Fenale white WIDOWED DIVORCED 11-1-17	nths Days Hours Min.
	1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
ite l nysic plea 1, an	Hansewife Butto and	VS
tiffica nen nen nen	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	2
ndin Cer	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	<del></del>
requires that the death certificate be ending physician.  been signed by the attending physician attending physician attending physician attending primit. Then please in or to burial, cremation, or remay, and in	(Yes, no, or unkown) (If yes give war or dates of service) 2/6-18-7021 Husband above	
the on the by the missing the remains the	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cerebral vascular thrombosis	INTERVAL BETWEEN ONSET AND DEATH
hat the ician. ned by I-transi	IMMEDIATE CAUSE (a)	
res that physician n signed l burial-tra	Conditions, if any, which DUE TO Congestive heart failure	
ding p ding been the b	gave rise to immediate cause (a), stating the DUE TO	
law r ttend has l as as l priol	underlying cause last. ) (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T1(a) [19. WAS AUTDPSY
F. The la al or att ficate h for use Health	HI CAT	PERFORMED?
CCIAN ospit cert hed t. of		m 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bidg., etc.)    Hour a.m.   While   Not While at work   at w	(County) (State)
ENDIN ined I	21. I certify that (f) (this hospital) attended the deceased from October 2019 66 to October 22	19 66, that (I) (we) las
ATTENDING retained by CTOR: Aften 3 should be vith the Stat	saw the deceased alive on October 279 66, and that death occurred at 7:20 From the causes and	
oor Sed of Sed o		b. date signed L1-22-66
TO KOSPITAL Page 4 may To FUNERAL C director, pag should be fill	Teodul Paglinauan jr. 22d. ADDRESS 7620 York Rd. Baltin	nore_21204 Md
Page Fage Full Shoul	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town REMOVAL (Specify)	* *
F 500 B	Buria 1 1/25/66 Holy Redleguer Balta	7200
E	OCT 26 SPCC O	STRAR'S SIGNATURE
VR A15 (4) \\" 2DM 1/65	Connelly for 300 Mars DATE OCT 26 1966 for	Charles Judge

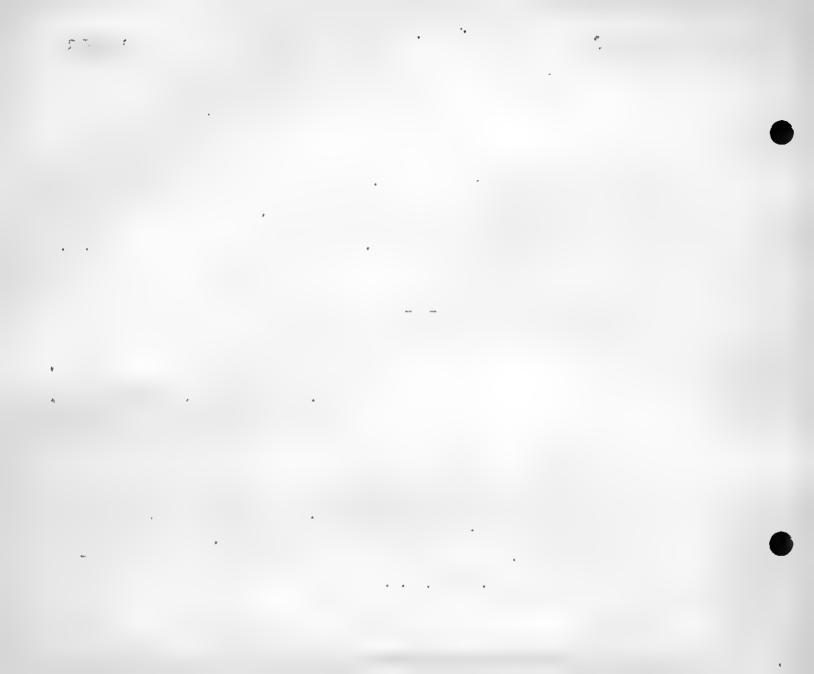


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13852 CERTIFICATE OF DEATH 24 hours after death campletely filled in by the funeral ove carban papers. Pages X and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed fived, if institut on Residence before admission) o. COUNTY **b** COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (If autside corporate fimits, write RJRAL and give nearest town)

FOR HOWARD c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) davs Baltimore d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? hin 72 l Veterans Administration Hospital 3107 Dillon Street NO X executed within 3 NAME OF 4 DATE First Lost Doy Year DECEASED JOHN JOSEPH PRICE 8 (Type or print) DEATH October S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** (ast birthday) Months Doys Hours July 8. 1896 Male WIDOWED DIVORCED White 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT 10g LSUAL OCCUPATION (Give kind of work done AND ARE OR certalicate be lease during most of working life, even if retired of the other contractions of the contraction COUNTRY? gud Baltimore, Maryland Oil Company U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval yhd hen JOHN PRICE PRICE attending 16. SOCIAL SECURITY NO INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death (Yes, no, or unknown) (If yes give war or dates of service) 215 07 22 52 Clinical Reds. VA Hospital Ft Howard Mi INTERVAL BETWEEN signed by the c burnal-transit p CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) HOURS AND DEATH PART I. DEATH WAS CAUSED BY PULMONARY EDEMA IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave PARTIMON TA DAYS nse to immediate cause (a), the naspirater this been single this certificate has been single detached for use as the bracked for use the bracked for DUE TO stoting the underlying couse MONTHS CEREBRAL THROMBOSIS last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES A NO the haspital ar 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour p.m While Nat While at wark at wark be retained by 21. I certify that (i) (this haspital) attended the deceased fram 9/30 saw the deceased glive an 1900, and that death 19\_66, ta\_\_10/8 19\_66 that (t) (we) last , and that death accurred at 1:35M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: 22b. DATE SIGNED 10/9/66 22a. SIGNATURE STAFF PHYS directar, page 3 should be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S GEORGE DUDAS, M.D. NAME (Type) Hospital. Fort Howard 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF 230 BURIAL, CREMATION (County) (State) 10-12-1966 Baltimore, Md. Meadowridge Memorial Park 25g. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE DUDA FUNERAL HOM

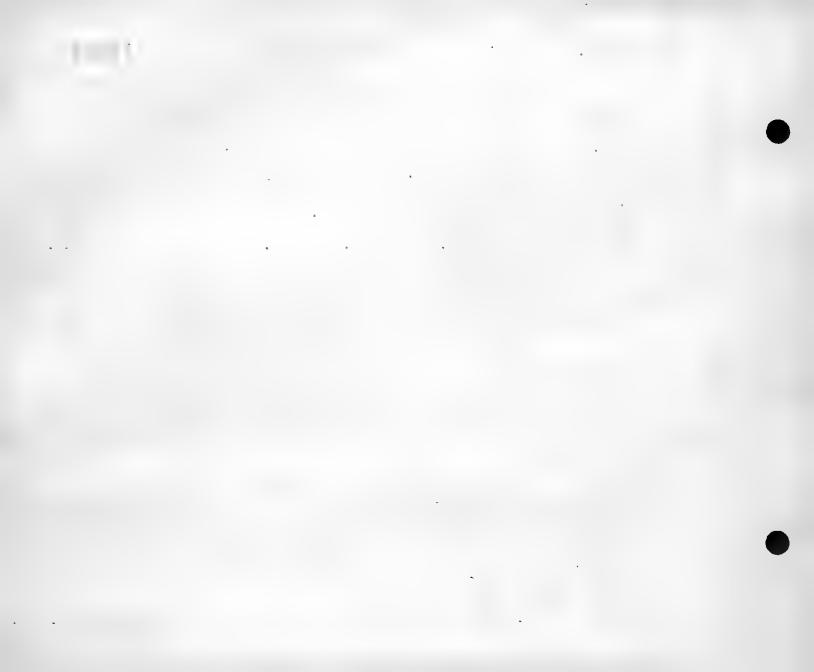


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13953 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after deati 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission o. STATE Maryland b COUNTY Barford PLACE OF DEATH o COUNTY Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen, Maryland Catons ville | 8 days 8 days d STREET ADDRESS B IS RESIDENCE ON A FARM? SPRING GROVE STATE HOSPITAL Box 43 - Route #2 NO DO 3 NAME OF Fifst Middte 4 DATE Lost Month DECEASED Willard Pyle October (Type or print) DEATH S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR 7. MARRIED **NEVER MARRIED** last birthdoy) Hours July 29, 1889 male white WIDOWED DIVORCED 106. KIND OF BUSINESS OR INDUSTRY TELEPHONE CO. IDo. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retiped ease COUNTRY? Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME unlenown unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 46. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the attending burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) 212-05-0689 V/i unknown Records: SPRING GROVE STATE HOSPITAL CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).)
PART I DEATH WAS CAUSED BY Myocardial INTERVAL BETWEEN Infarction ANSET TO DE DEATH IMMEDIATE CAUSE (o) **DUE TO** Arteriosclefotic Heart Disease Conditions, if any, which gove  $\operatorname{unk}_{\bullet}$ (b) rise to immediate couse (a), DUE TO ed tar use as the t af Health priar to b stoting the underlying couse has been Arteriosclerosis, Generalized, Senile unk. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO PL O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work Page 4 may be retained by 21. I certify that 2) (this haspital) attended the deceased fram Oct. 5 , 1966, to Oct. 13, 1966 that 2) (we) last saw the deceased alive an Oct. 13 1966 and that death accurred at 5345 M, fram causes and an the date stated above. 220 SIGNATURE .226. DATE SIGNED **ATTENDING** STAFF PHYS. 10-13-66 GROVE STATE HOSPITAL 22d. ADDRESS NAME (Type) J. Young, M.D. Anthony director, g Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 24 EUNERAL DIRECTOR 256 PEGISTRAN STANDATURES ADDRESS 250. REC'D BY REGISTRAR VR A15 (4)\*\* 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH b. COUNTY Baltimore o. COUNTY a. STATE Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Sparrows Point 43 Years Sparrows Point d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? within 72 902 F.Street 902 F.Street NO T NAME OF First Midde 4. DATE Month DECEASED (Type or print) CTOBER Harry Wilson Raffensperger in any event, DEATH IF UNDER 1 YEAR 5 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthdoy) Months Male White Hours Oct.2,1873 WIDOWED I DIVORCED and 100 US\_ALOCCUPATION (Give kind of work done during most of working life, even if refired)

Steel Construction 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Supt Bridge Bldg. Penna. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Raffensperger Catherine Sheely 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT 184-07-3203 No crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH 4LMONARY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO as been s as the l priartat stoting the underlying couse RTERIOSCLEROTIC CARDIO lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour p.m. foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 1966 10 UCT 12, 1966, that (1) (\*\*e) las 21. I certify that (I) (this hospital) attended the deceosed fram. 12 19 66, and that death occurred at 29 PM, fram causes and on the date stated above saw the deceased alive on 22o. SIGNATURE DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S directar, po should be f NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) **BUR AL CREMATION** (County) REMOVAL (Specify) Oct.15,1966 Bendersville Bendersville, Adams Co. Penna. Buri al 24 FUNERAL DIRECTOR ADDRESS 1956 VR A15 (4) 20 M 1/66



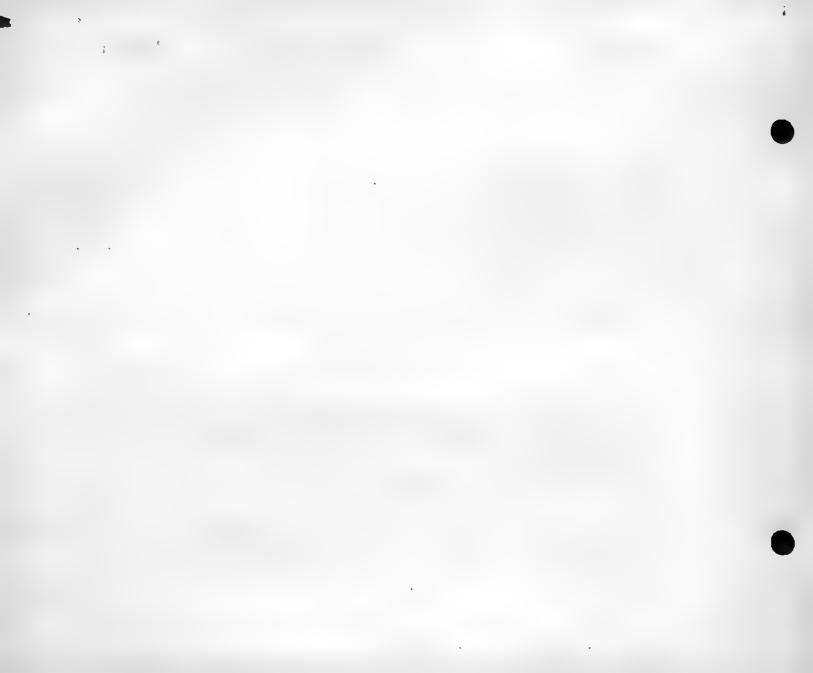
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. STATE hours after Baltimore the Baltimore MARYLAND Marvland CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b þ hours Dundalk 1 Year Dundalk Ξ i and completely filled in remove carbon papers. n any event, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2971 Cornwall Rd. 2971 Cornwall Rd. NO X YES executed within NAME OF First Last DATE Month Dav Middle Year DECEASED Bertha A . 1966 Ray October 20 (Type or print) DEATH 6. COLOR OR RACE 5. SEX DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED K NEVER MARRIED last birthdey) Months | Days Hours | April 27. Female White WIDOWED E 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT physician physic 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be INDUSTRY COUNTRY? Housewife U. S. A. West Virginia has been signed by the attending physical section in the second in the s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elijah Freeman Mary E. Wolfe 17. INFORMANT Husband 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkewn) [(If yes give war or dates of service)] 16. SOCIAL SECURITY NO. Address No James Ray Sr. 2971 Cornwall Rd. Dundalk. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The law requires that to or attending physician. 4 dac DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (e), stating the underlying cause last. (c) CERTIFICATION : After this certificate ha lid be detached for use a le State Dept, of Health pi PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO TO YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that death occurred at AM, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. STAFF 10/20/66 x Page 4 may t PHYS. M.D. PHYS. DIRECTOR PHYSICIAN'S **ADDRESS** 22c. 22d. NAME (Type) 520 nDaSt. Roger G. Windson Sparrows Point. Burial (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) Odd Fellows Cemetery Enterprise, W. Va. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS John J. Duda 7922 Wise Ave. Dundalk, Md. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13856MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAR HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased i ved, if institution. Residence before admission) delay is p. COUNTY o. STATE Md. d, deoth. MARYLAND b CTY OR TOWN (If outside corporate mits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If ours de corporate limits, write RURAL and give nearest town) P.M3. portme ofter 3½ yrs. Baltimore 17 Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? De within 72 hours 2319 Whittier Ave. Baronet Road Office olong with for in Item 18. Give Pages ote YES NO X 24 hours after death 3 NAME OF First M'ddle 4 DATE Last Manth Doy Year DECEASED 22 the Vernell 66 Dillard Reaves Oct. 19 (Type or pnnt) DEATH with 1 S SEX 6. COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS IF UNDER 1 YEAR NEVER MARRIED (petaharthdov Months Days Hours Dec. 29. Colored Female WIDOWED D.VORCED event N 1Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? housework Domestic Nassau d "pending" in pencil in Chief Medical Examiner's be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. ((es no, or unknown) (If yes give war ar dates of service) 264-46-1807 removol, Kirklyn Dillard, 60 W. 142 St., New York City CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypertensive C-V Disease 0 IMMEDIATE CAUSE (a) This certificate should s a burial-tra cremation, o writing the word DUE TO Conditions, if ony, which gove (b) 2 rise to immediate couse (a), DUF TO stating the underlying cause used os buriol, c last. 19 WAS AUTOPSY PART II OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? the certificote, NO 3 pe or its designated agent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18.) should should PRIMARY C or CONTRIBUTING C EDICAL EXAMINER: CAUSE OF DEATH none MEDICAL 20c T ME OF INJURY Month, Day, Year 2Dd INJURY OCC., RRED 2De PLACE OF INJURY (Hame, form, 20f (City or fown) (County) (State) Hour o.m. factory, street, affice blda,, etc.) Not While FUNERAL DIRECTOR: Page of work at work Inquiry [X] 21. I certify that I took charge of the remains described above, held an Autapsy Inspection K. ٥ and in my opinion Natural causes 🕱 . Accident 🗍 . Suicide death resulted from Homicide Undetermined manner funeral director. CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY pe 10-24-66 necessary, DEPUTY MEDICAL EXAMINER D. D. Caples, M. Hanever Rd **EXAMINER'S** AddRedisterstown and . O FUNE Health WOUT. NAME (Type) 23 NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b DATE THEREOF LOCATION (City or Town) (County) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR VR A15ME (5) 1727 N. Monroe St., Balto DATE OC S. Phillips. Misselen 6M 1/66



ė	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		13857 CERTIFICATE OF DEATH 13860
minister of the death	funeral and and	1. PLACE OF DEATH O COUNTY BAILTIMORE  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O STATE MARYLAND  AMARYLAND  AMARYLAND
- Office office	in by the firs. Pages 2 haurs affi	b (17 OR TOWN (If autside carporate limits, write RURAL and give nearest town)  FORT HOWARD  C LENGTH OF STAY IN 3b c (ITY OR TOWN (If autside carporate limits write RURAL and give nearest town)  BALITIMORE
-	2 kg s	d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address)  d. STREET ADDRESS  e. IS. RESIDENCE ON A FARM?
2	filled in paper.	VETERANS ADMINISTRATION HOSPITAL 4207 Fern Hill Avenue VES NOW
ridita.	campletely fil nave carban p	3 NAME OF First Middle Lost 4 DATE Month Day Year DECEASED OF OCTOBER 20 19 66
-	ven ven	5 SEX 6 COLOR OR RACE 7 MARRIED [X] NEVER MARRIED [ 8 DATE OF BIRTH 9 AGE (In years   IF UNDER 1 YEAR ] IF UNDER 24 HRS
5	Car Car Y e	MALE NEGRO WIDOWED DIVORCED JULY 5, 1922 last buthdoy) Months Days Hours Mim.
6 4 2	physician and campletely is please remave carban and in any event, with	10g USUA, OCCIPATION (G ve kind of wark done during most of working te, even if retared)  10b KIND OF BUSINESS OR 1 BIRTHPLACE (County & Stote, or foreign country) 11 COUNTRY? 11 COUNTRY? 12 CIT ZEN OF WHAT COUNTRY? 12 COUNTRY? 13 COUNTRY? 14 COUNTRY? 15 COUNTRY? 16 COUNTRY? 17 COUNTRY? 18 COUNTRY?
2	S a s	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
-	E = [ ]	ROBERT ANDREW REED MARY P. WICKS
theology	attending permit. The fian, or repre	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of service) YES WW II 218 18 69 21 CLIN. RECORDS. VA HOSPITAL. FT HOWARD. MD.
or romities that the death antificate to everythe	tranding physics may the attending physics as the burial, crematian, or reprove.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PEPPIC LITCER, DUODENAT.  Stoting the underlying cause lost.  (c)  INTERVAL BETWEEN ONSEI AND DEATH RECENT  INTERVAL BETWEEN ONSEI AND DEATH RECENT  DUE TO  (b)  PEPPIC LITCER, DUODENAT.  DUE TO  (c)
à	attending has been te as the h priar ta	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RIST NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
<del>-</del>	= P - S + )	HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE W/ UREMIA
DUYCICIAN.	prital or rifficat d far af Hec	200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18)  OR CONTRIBUTING CAUSE OF DEATH OF STREET OF PORT II OF P
	this his Deg	20c. TIME OF INJURY Manth, Day, Year Hour o.m. p.m 19 Visite of work o
ATTENDING	ed by the Stern the State	21. I certify that (X (this haspital) attended the deceased fram 9-24, 19.66, ta 10-20-, 19.66 that (X (we) lo saw the deceased glive an 10-20- 19.66, and that death accurred at 9:55M, fram causes and an the date stated above
	CTOR: Shaul	22b DATE SIGNED
à	be retained DIRECTOR: A 1e 3 shauld ed with the	M.D PHYS DIRECTOR 10 21 66
	4 may by	22c. PHYSICIAN'S NAME (Type) PETER V. JUVAN, M. D. VA HOSPITAL FORT HOWARD, MARYLAND
o uoceltai	Page 4 may be To FUNERAL DIR director, page should be filed	230. BURIAL CREMATION, REMOVAL CREMATORY 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)  BURIAL CREMATION, REMOVAL CREMATORY 23d LOCATION (City or Town) (County) (Stote)  BURIAL CREMATION, REMOVAL CREMATORY BATTIMORE MARYTAND
F	VR A15 (4) (* 1) 20 M 1/66	24. FUNRAL DIRECTOR LAND ADDRESS ADDRE



\$	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7		141	13059 CERTIFICATE OF DEATH 13064
	death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution: Residence before admission)
	= = E	L	Baltimore MARYLAND B. STATE M.D. D. COUNTY BALTIMORE
	s af by t Page rs al		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	Poor in the state of the state	-	BALTI MORE  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE
	aw requires that the death certificate be executed within 24 hours after death tending physician.  In the seen signed by the attending physician and completely filled in by the funeral as the burial-transit permit. Then please remove carbon papers. Pages 1 and prior to burial, cremation, or removal, and event, within 72 hours after death prior to burial, cremation.	_	Baltimore County General 3507 Lynn Haven Drive YES NO
	withi letel rbon t, wil	3.	DECEASED OF 4:3/
	comp sven	5.	11808
	xecul and c emov		SEX 6. COLOR OR RACE 7. MARRIED ARRIED 5. MARRIED 5. MA
	e E(2)	10 du	a USUAL OCCUPATION (Give kind of workdone Industry)  10b. KIND OF BUSINESS OR INDUSTRY,  11b. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	nysic pleaf		ENNEMBER DE SERVER MAN DE SERVER MAN USA
	tifics nova	1	Tagan Executive Venosing Co.
	cer endir t. T	15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. L. 17. INEQUIANT
	eath atte ermi	L	(es, no, or unkown) (If yes give war or dates of service) 096-09-4204 MRS. RUTH RENDELMAN. 3507 LYNNE HAVEN DR.
	he d the d sit p mation	_	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY.  ONSET AND DEATH
	lat tl		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corobro Corcular & Conscient ONSET AND DEATH
	hysic hysic sign rrial urial		Conditions, if any, which ) DUE TO Culturoma Lotton according for 1/2.
	quir ng p een te bt		gave rise to immediate cause (a), stating the DUE TO DUCIONITY
	w re endi	,	underlying cause last. (c) (8) (1) (c) (1) (c)
	bing PHYSICIAN: The law requires that the death certificate be ed by the hospital or attending physician.  After this certificate has been signed by the attending physician do be detached for use as the burial-transit permit. Then please state Dept. of Health prior to burial, cremation, or removal, particular.	CERTIFICATION	PART II. OFFER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES NO DECEMBER 19. WAS AUTOPSY YES NO DECEMBER 19.
	Pital Of for	RTIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYSICIAN: the hospital this certifi detached fo e Dept. of H		
	the det	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)  Hour a.m.   While   Not While   factory, street, office bidg., etc.)
	ATTENDING retained by ECTOR: After S Should be with the Stat	Į≅	p.m. 19 lat work 1 work 1 to 19 lat work 1 to 19 lat work 1 to 19 last
	O HOSPITAL OR ATTENDIN Page 4 may be retained to Defend the prector, Afficient of director, page 3 should be should be filed with the S		saw the deceased alive on
	OR A be re DIREC Se 3 ed wil		228. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF
	AL DIA Page		22CI PHYSICIAN'S NAME (Type)  ATTENDING MED. MED. DIRECTOR PHYS. DIRECTOR D
	HOSPITAL Page 4 may FUNERAL I Girector, page thould be fill		NAME (TYPE)  RALPH MORTERELL  BALTIMORE COUNTY GENERAL HOSP.
	TO HOSPITA Page 4 ms TO FUNERAL director, p	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		24	BURIAL 10/9/66 BETH TFILOH BALTIMORE, MARYLAND
	VR AI5 (4)		Land part OCT 13 1966 fliarles Judge
	20M 1/65	1=	CONTRACT TO ALL



	1		1	MARYLAND STATE DEP Division of STATISTICAL RESEARCH AND RECORDS, 301		
77		(M		13859 CERTIFICATE	· ·	13862
	urs after deas y the funeral	- = - = - = - = - =	1	PLACE OF DEATH O. COUNTY  BG / T'MOTE  MARYLAND	2. USUAL RESIDENCE (Where do STATE	eceosed lived, if institution Residence before admission)  b. COUNTY  BALTIMORE
	ours afti by the	nen please, remave carban papers. Pages I iaval, and in any event, within 72 hours after		b (ITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)		rporote limits, write RURAL and give nearest town)
	n 24 hc	papers.		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Baltimore County General	d. STREET ADDRESS 7041 SURRE	DREUE   0 IS RESIDENCE ON A FARM?  YES   NO
	d withi	carban nt, with		TESTITION OF THE STATE OF THE S	S OF	ATH Detober 23 1966
	execute id comp	any eve	S	Fenale White WIDOWED DIVORCED D	DATE OF BIRTH	9 AGE (n yeors lost burthday) Months Doys Hours Min.
	ate be ician an	and in	dun	USUAL OCCUPATION (Give kind of work done inp most of working life, even if retired)  HOUSEWIFE  10b KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (County & Stote,	CO.INTRY 2
	certific g phys	hen p naval,		MORTON ZIMMERMAN	14 MOTHER'S MAIDEN NAME  LIBBY	?
	the attending		(Ye	s, no, or unknown) (If yes give wor or dates of service)  NO  NO	MRS. BEATRICE	Address  SCHAFFER, 7518 SHFLOWOOD RD.
	that the in. by the	ansit p rematik		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Note I my	racido Getten ONSET AND DEATH
		far use as the burial-transit pe Health priar ta burial, cremation		Conditions, if ony, which gove nse to immediate couse (o), stoting the underlying couse	Cadder d	Mario Zarelia.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low ra Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been	or use as the Health priar ta	2	lost. (c)	IE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
	AN: The solution of arrangement of a	Health	CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ 205 DESCRIBE HOW INJURY OCCURRED (E	inter nature of injury in Port I o	YES NO
	HYSIC haspit is certif	detached t te Dept. af t	MEDICAL CER			10f. (City or town) (County) (Stote)
	DING F by the	be del State D	ME	p.m. 19 otwork at work 21. I certify that (I) (this hospital attended the deceased from 4	ry, street, office bldg., etc.)	to October 19 6 (that (I) (we) last
	ATTEN etained CTOR:	shauld vith the		saw the deceased alive an source 25 19(1), and that	ATTENDING MED.	M, fram causes and an the date stated above.
	TAL OR my be r AL DIRE	, page 3 shauld be detache be filed with the State Dept.		22c. PHYSICIAN'S NAME (Type) CECIL RUDNES WO	PHYS. DIRECTO	OR DESTART DENNI GOOD
	TO HOSPITAL Page 4 may b TO FUNERAL D	director, I should be	230	RUPIAL CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY OR CE	REMATORY 23c	d. LOCATION (City or Town) (County) (Stote)
		W.	24	REMOVAL (Specify) BURTAL FUNERAL DIRECTOR  10/24/66 AGLIDAS ACHTM ADDRESS ADDRESS	2So. REC'D BY RE	
	20 M	15 (4)		to Ceruson + Buro of W	DATE OCT	26 1966 Mcharles Judge



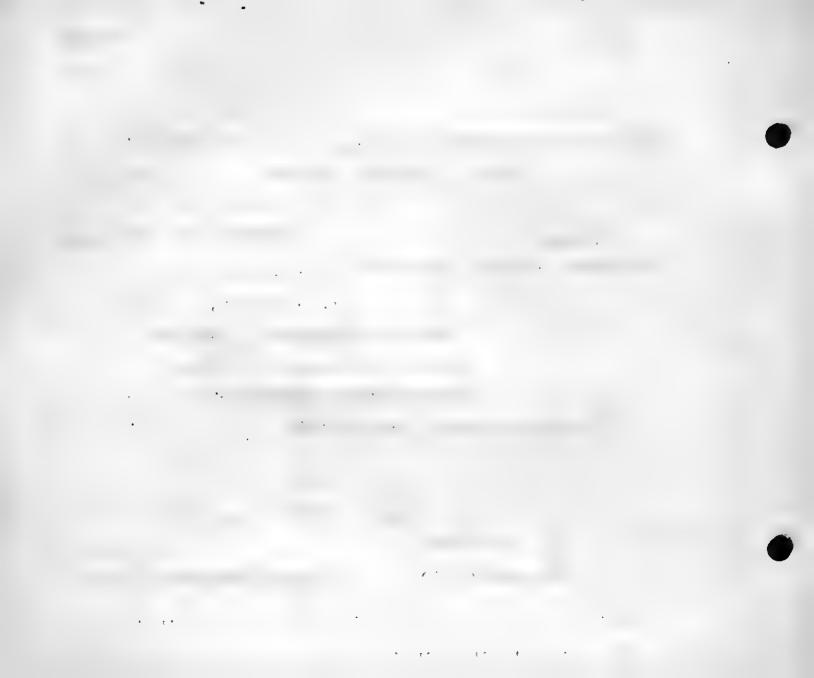
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1386 death. The law requires that the death certificate be executed within 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) the attending physician and campletely filled in by the funeral sit permit. Then pleasers mave carban papers. Pages I and I. PLACE OF DEATH b. COUNTY WTCOMICO o. COUNTY o. STATE BALLIMORE MARYLAND b CITY OR TOWN (If outside corparote I mits, write, RJRAL and give nearest tawn) c. LENGTH OF STAY IN 16 c EITY OR TOWN (If autside corparate amits, write RURAL and give nearest tawn) DAYS SALTSBURY easecremave carban papers. d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 114 VAN BUREN AVENUE VETERANS ADMINISTRATION HOSPITAL NO TA 3 NAME OF Middle Last 4. DATE Month DECEASED 66 DALLAS OCTOBER REVELL 19 (Type or print) DEATH IF UNDER I YEAR IF JNDER 24 HRS S SEX AGE (In years 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED MALE WHITTE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CIT.ZEN OF WHAT 10a US\_AL OCCUPATION (Give kind of work done during most of working ite, even if retired) COUNTRY? INDUSTRY COUNTY. MARYLAND MECHAINIC GARAGE 13. FATHER'S NAME or removal, HESTER HITCHENS JOHN M. REVELL 17. INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes\_no\_orunknown) (If yes give wor or dates of service) 220 32 01 76 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. burial, cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p DANSEL AND DEATH PART I. DEATH WAS CAUSED BY SHOCK DUE TO SEPTICEMIA IMMEDIATE CAUSE (o) DUE TO BENIGN PROSTATIC HYPERTROPHY YEARS Conditions, if only, which gove rise to immediate cause (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the priar to b last. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? for use ARTERIOSCLEROTIC CEREBERO NO X 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg, etc.) Not While at work at wark , ta 10/24/00 , 19 , that (A) (we) last 2) I certify that (1) (this haspital) attended the deceased from 9/9/66 19 to 10/24/66, 19 to 10/24/66 19 and that death accurred at 5:451M, from causes and an the date stated above. saw the deceased alive an 10/24/66 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. 10/25/66 22d ADDRESS 22c. PHYSICIAN'S LAWRENCE F. AWALT, JR., M. D. VAH FORT HOWARD, MARYLAND NAME (Type) director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (Stote) 230 BUR AL, CREMATION, (County) 10/28/1966 REMOVAL (Specify) SALISBURY, MARYLAND PARSONS CEMETERY BURTAI 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



212	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	13861 CERTIFICATE OF DEATH
funeral radath.	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE Maryland b. COUNTY Suchfield Kd.
hours after d in by the rs. Pages 1 2 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
24 hours filled in by appers. Pag n 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE
	greater Ballima Medical Center Baltima JSI, Litchfield Votes NES NO
uted within 24 to completely filled we carbon paper: event, within 72	3. NAME OF BECEASED   1. DATE Month Day Year OF OF PINT)   Joseph Milde Reynolds   1966
executed and com remove (	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  19. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Month's Days Hours Min.  10. WIDOWED DIVORCED 4-20-/863 8 3 yrs.
e be execu sician and lease remo and in any	10a. USUAL OCCUPATION (Give kind of work done during most of working life, oven if retired)  10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of work done in the life of
ertificate be ding physicia Then pleass removal, and	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
th cer	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (Yes, no, or unknown)   (Ifyes give war or dates of service)
e death the att t permi	Mrs. Ada Reynolds, Same
he y th mai	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Carclio Respusatory Jouluse  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  ONSET AND OBATH
The law requires that the or attending physician, ate has been signed by use as the burial-translath prior to burial, cre	conditions, if any, which ) DUE TO Sente Pulmonary Occleure
aw requir tending p has been as the b prior to b	gave rise to immediate cause (a), stating the underlying cause last.  OUE TO Myoeardial Deforetion—ASHD
N. The law tal or atten ificate has for use as Health prid	PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES D'ANO
	PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION OF PART 1(a)  PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C
PHYSI the h this detac	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURREO   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)    Hour a.m.
	21. I certify that (I) (this hospital) attended the deceased from 9-29-66, 19, to 10-5-, 19-66, that (I) (we) last
	saw the deceased alive on 10-8-1966, and that death occurred at 8.50PM, from the causes and on the date stated above.  22a. SIGNATURE  RED. STAFF  ATTENOING MED. STAFF
O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page should be filed	22c. PHYSICIAN'S NAME (Type) RAM K: C+HHILLAR  M.D. ATTENDING MED. OIRECTOR STAFF NO. 10-8-6.  22d. ADDRESS  Cyreake Balto had. Cerrlin, Socks no.
0 HOSPITAL Page 4 may FUNERAL director, pa	- Julian
Per DT	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  Burial 10/11/66 Parkwood Cemetery Balto Md.  24. FUNERAL DIRECTOR ADDRESS 125a. REGISTRAR'S SIGNATURE
VR AIS (4)	Leonard J. Ruck Inc. Balto. Md. 21214 OATE OCT 1 1 1966 Clearly Judge
20M 1/65	The state of the s

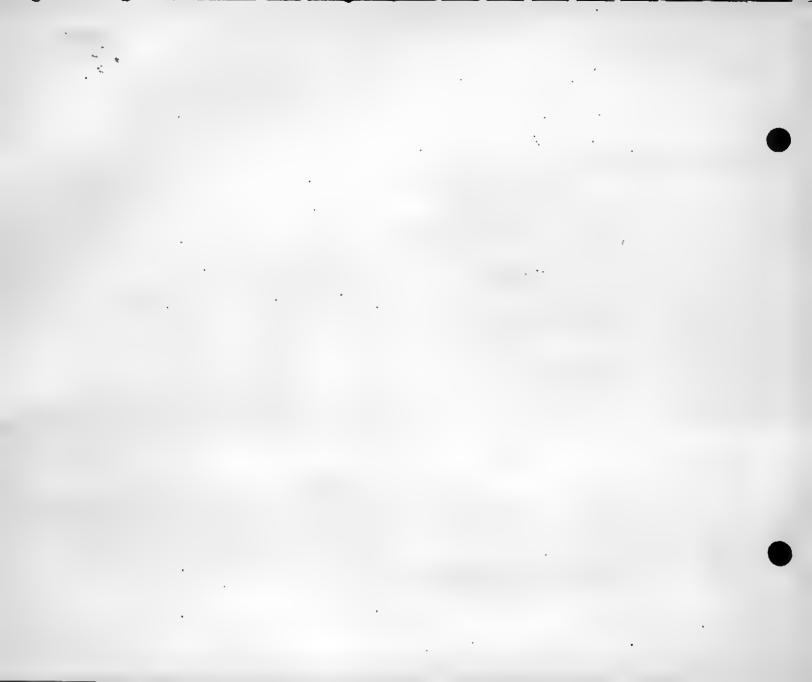


1	MARYLAND STATE DEPARTMENT OF HEALTH  SUVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
± ₩	CERTIFICATE OF DEATH 12000
24 hours after death.  filled in by the funeral appers. Pages 1 and 2 nn 72 hours after death	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Besidence before admission as STATE b. COUNTY  BALTIMORE  MARYLAND
in by the Pages 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
24 hour	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS 3th St. Millers Jslat on A FARM?
in 2. If	BREATER BULLIMONE MED CENTER MITCHANGENTING YES NOR
l with nplete carbo nt, wi	3. NAME OF BECEASED (Type or print) BABY BCY RICHARDS Last 4. DATE Month Day Year OF DEATH DCT. 5 1966
executed within and completely fremove carbon promoter, within any event, within	5. SEX 6. COLOR OR RACE 7/MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years   IF UNDER 24 HR.
be assement in the	10a. USUAL OCCUPATION (Cive kind of workdone during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
e death certificate be- the attending physicians t permit. Then please- ation, or removal, and in	13. FATHER'S NAME  NOR DE BICK DE MOTHER'S MAIDEN NAME  NOR DE SHIPLY ANN
ath ce attendi rmit. 7 n, or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address  On the second of the second
at the dearian. da by the artransit pertransit pertransit cremation,	18. CAUSE OF DEATH TEnter only one cause per line for (a), (b), and (c), 1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  RESPIRATORY ACIDOSIS  ONSET AND DEATH 25 PTS
The law requires that the death certificate or attending physician. Tate has been signed by the attending physician use as the burial-transit permit. Then ple calth prior to burial, cremation, or removal, a	conditions, if eny, which (b) Hyaline Membrane Disease 28 hrs
aw requirent tending has bee as the prior to	cause (a), stating the OUE TO underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPAIRED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) L19. WAS AUTOPSY
	PERFORMED?
cert red t. of	
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)  Hour a.m.   While   Not While   factory, street, office bidg., etc.)    p.m. 19   at work   at work   19
ATTENDING retained by CTOR: After S should be vith the Staf	21. I certify that (!) (this hospital) attended the deceased from Oct 4, 19 66, to Oct 5, 1966, that (!) (we) last saw the deceased alive on Oct 5, and that death occurred at 1.144 M, from the causes and on the date stated above
OR DIRE	122a. SICNATURE  100000000000000000000000000000000000
O HOSPITAL Page 4 may O FUNERAL director, pag should be fill	22d. ADDRESS NAME (Type) 1 FOHARD S. HOFFMAN GREATER BOULT MED CENTER
TO H Pag TO Fu dire	23a. BURIAL, CREMATION, 23b. DAYE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) 10/6/66 CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  ADDRESS 22a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE
VR AI5 (4)	John E. Adleur, M.D. GAKIC DATE OCT 10 1986 Johnsles Judge
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f., .	- 1	na V		MARYLAND STATE DE	PARTMENT OF HEALTH S. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND
and the same of	4 =0			13563 CERTIFICAT	
	death. funeral	death	1.	PLACE OF DEATH a. COUNTY  R . 0+	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	ter he fr	ffer		poermone MARYLAND	a. STATE Maryland b. COUNTY Baltinore
	by the fu	urs a		b. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	hour d tr	2 hor		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral places formula to a strongly of the funeral place.	7. E		GBMC	524 Jarmente Road YES NO NO
	ithir etely	wit.	3.	NAME OF DECEASED FIRST Middle	Last 4. DATE Month Day Year OF J. Rodrison DEATH Oct 18 196/
	ed w	vent	5.	(Type or print)  SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 Hrs. last birthday) Months Days Hours Min.
	ecut nd c	any e	Ţ.	enale Can WIDOWED DIVORCED	6-4-1897 last birthday) Months Days Hours Min.
	e ex	ij	10a dur	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or freign country) 12. CITIZEN OF WHAT COUNTRY?
	te b lysici	To a		Home - Maker Own home	14. MOTHER'S MAIDEN NAME
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or attending physician.  JIRECTOR: After this certificate has been signed by the attending physician or the hospital physician attending physican attending physician attending physician attending physician a	8	13.	RAPIS T 4,00	Cotharina Hila Roll
	endir	or ref	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Es, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	leath e att	en, o	_	No 213-48-6597 M	s. George Kahl Jr. RUXTON, Md.
	the c	mati		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I	INTERVAL BETWEEN ONSET AND DEATH
	hat I cian ed b	S.C.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio - (2csfur	along FAIL UPL
	physics to sign	ouria		Conditions, If any, which ) DUE TO CANCER	of Signorial
	ing ling been	2		gave rise to immediate cause (a), stating the DUE TO	3 45
	ttend ttend has	prio	No	underlying cause last. ) (c) J-WWW Used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
	The lor a or a	alth O	CERTIFICATION	<u> </u>	PERFORMED? YES NO [
	AN: pitat rtific	of H	RTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCORD CONTRIBUTING CAUSE OF DEATH	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	rsici hos is ce	ept.		(IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
	y the	te D	MEDICAL	Hour a.m.   While - Not While - fact	ory, street, office bidg., etc.)
	ed by	S e S	×	p.m. 19   at work   at work	8-30 1966 to 10-18 1966, that the (we) last
	TTEN Stain TOR:	# # # # # # # # # # # # # # # # # # #		saw the deceased alive on 10 18 1966, and the	at death occurred at 4.2 A.M., from the causes and on the date stated above.
	OR A	o ⊠ So o		22a. SIGNATURE	D. ATTENDING MED. STAFF PHYS. PHYS. DATE SIGNED
	TAL D	e file		22c. PHYSICIAN'S Helics M. M.	D. PHYS. DIRECTOR PHYS. PHYS. 22d. ADDRESS
	TO HOSPITAL O Page 4 may t TO FUNERAL DI		_	NAME (Type) DENIS CHAN	GBMC.
	P 28 0	S C C C C C C C C C C C C C C C C C C C	238	REMOVAL (Specify)	
		A	24	Burial 10-21-66 Druid Ridg	e Pikesville Md.
	VR ALS	(4) (35)	F	H.W.Jenkins & Sons Co.4905 York R	d., Baltappor 10 1995 Viliantes Unique
	20M 1/	03	_		00110000

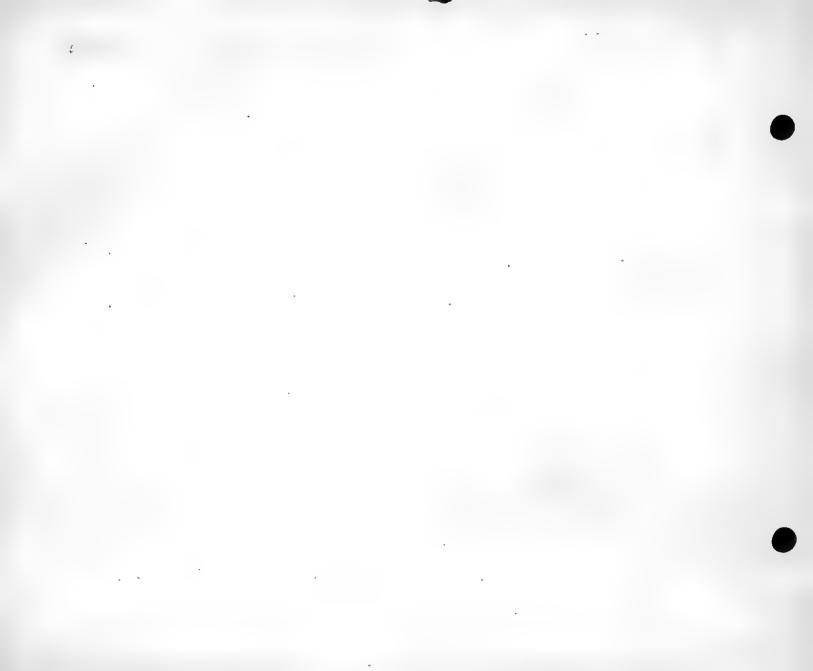
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, STATE b. COUNTY completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after b. CITY OR TOWN (if outside corporate limits, writer RURAL and give nearest town) C. LENCTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) ANDAILS FOUN & WEEKS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) town **6. IS RESIDENCE** d. STREET AOORESS ON A FARM? U1510 No 🖂 remove carbon pa YES within NAME OF First Middle DATE OF DEATH 4. Month Oav Year DECEASED ebuck (Type or print) 1966 6. COLOR OR RACE OATE OF BIRTH ACE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 9. **NEVER MARRIEO** last birthday) | Months апу Oavs Hours TEMALO WICOWEO DIVORCED (SA) attending physician a ermit. Then please re on, or removal, and ma 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be COUNTRY? 5 e.u. Ho FATHER'S NAME MOTHER'S MAIDEN NAM lliAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. (Yes, 700, or unknown) | (If yes give war or dates of service) Kesville 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If eny, which gave rise to immediate as the b DUE TO cause (a), stating underlying cause last. (c) has 8 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY After this certificate h Id be detached for use e State Dept, of Health I for use Health PERFORMEO? CERTIFICAT YES NO DO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) be detached State Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While retained by p.m. 19 at work at work DIRECTOR: Af age 3 should | fled with the S 21. I certify that (I) (this hospital) attended the deceased from / A.M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. / SICNATURE 22b. DATE SICNED page ATTENOING PHYS. STAFF PHYS. 10 M.O. DIRECTOR Page 4 may O FUNERAL 22c. PHYSICIAN'S 22da ADORESS director, p NAME (Type) OATE THEREO BURIAL, CREMATION. 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) me REGISTRAR'S SICNATURE ACORESS 254. REC'O BY REGISTRAR 25b. FUNERAL DIRECTOR 1966 VR AI5 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 13565 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. funeral 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) dea 1. PLACE OF DEATH a COUNTY o. STATE b. COUNTY Baltimore Baltimore Maryland completely filled in by the fur lave carban papers. Pages 1 y eyent, within 72 haurs after MARYLAND b CITY OR TOWN (If autside carparate imits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If gutside comparate limits, write RURAL and give nearest town) write\_RURAL and give nearest tawn) Life Fullerton Full erton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENC ON A FARM 102 Linhigh Agenue □ No I Linhigh Avenue YES 4. DATE NAME OF Middle Lost First Dov Year OF DEATH DECEASED 19 (Type or print) Emma Lochre 9 AGE (In years IF UNDER 24 HRS IF UNDER 1 YEAR SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED remave last brikdov) Manths Davs HO LITS 11-5-1555 and in any Female Thite WIDOWED DIVORCED TOB KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) **COUNTRY?** physician a during most of working ite, eyen if refired) INDUSTRY. Baltimore Co. . aryland usevrife ouscwife 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME cremation, ar remayal. Joseph Punte Unknown Gilbert 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Mrs Enden Tine 123 Linhigh Avenue 213-35-609/1 INSERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line fop (a), (b) and (c) signed by the burial-transit g burial, cremati ONSELAND DEATH PART L DEATH WAS CAUSED BY Cardio vascular Riscone IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO al Carebral Versenly Decident Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a) WAS AUTOPSY PERFORMED? NO YES [ **DIRECTOR:** After this certificate ge 3 shauld be detached for us 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg .etc.) Nat While at work at work MAJOR 21. I certify that (I) (this hospital) attended the deceased from 19 to 226 DATE SIGNED 22a. SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS r, page 3 be filed v 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL elain NAME (Type) 7527 directar, 23a BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Jo. 10-1-1966 Batti nore Peters Cemetery -ud -9 2Sb. REGISTRAB'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1966 Milanelas nct I Homo 740, Belan DATE 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13866 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) O. COUNTY BALTIMO RE 6 COUNTY BALT CLORE MARKLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY\_OR TOWN (If outs de carparate limits, write RJRAL and give nearest town) BALTIMO OF HOSPITAL OR INSTITUT ON (IL got a bospital, give street odaces) d STREET ADDRESS 1519 CLAIR RIDGE RD hours NO E hours after death 3 NAME OF within 72 ROMOSER DECEASED CTOBER 6 COLOR OR RACE (In years IF UNDER 1 YEAR Jost hirthdoy) WIDOWED DIVORCED event and 2 OCC\_PATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT BALTILLORE d 'pending" in pencil in Chief Medical Examiner's pages in any KNEU ROGOSER and WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1519 CLHIR RIDGE RY Pes, no arunknown) [( I yes give wor ar dates of service removol, 215073370 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) INTERVAL BETWEEN YOCARDEAL INFARCTION PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 5 This certificate should cremation, (1) HYPERTENSIN DRIEZIOSCLE POTIC Conditions, if any, which gave rise to immediate cause (a). HEART DUSTASE stating the underlying couse buriol, o PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO 200 EXTERNAL CAUSE WAS ogent, prior 20h DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF IN. IR'S Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) factory, street, office bldg etc.) Not While 21. I certify that I took charge of the remains described above, held an Autopsy [ Inspection X and in my apinion moy be retained for FUNERAL DIRECTOR: Inquiry X director. death resulted from: Natural causes Accident Suicide | Homicide. Undetermined manner ACTUAL ASSISTANT MEDICAL EXAMINER **SIGNATURE** the funerol TO DEPUTY 25 DEPUTY MEDICAL EXAM, NER NAME (Type) Address (Street, city, town, or county) 23o. BUR AL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) EMUVAL (Specify) 0 BUPIAL
24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR REGISTRAR S SIGNATURE VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13863 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 havrs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) campletely filled in by the funeral nave carban papers. Pages 1 grid PLACE OF DEATH o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) BALTIMORE CATONSVILLE e. IS RESIDENCE d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? SHANGRI LA NURSING HOME 734 WOODINGTON ROAD 21229 NO X 3 NAME OF Middle 4. DATE femave carban Last Manth Day Year DECEASED OF DEATH **GEORGE** ROND, SR. 10 9 166 W. (Type or print) AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED XX **NEVER MARRIED** lost birthday) Months Davs Haurs WIDOWED 11-4-1887 MALE WHITE DIVORCED 11. BIRTHPLACE (County & State, or foreign country) IDa USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? INDUSTRY CARPENTER RETTRED VIRGINIA 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME LOLA D. WINBORN ALONZA ROND 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) MRS, HELEN C, ROND, 734 WOODINGTON ROAD 219-14-4922 NO INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION for use YES -NO 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at wark , 19/6, to Och / 6, 19 (6 6 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from Livia ... 19 ( and that death accurred at S. / M. fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE PHYS. DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 104 N. ROLLING ROAD JOHN C. POUND 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL CREMATION. (State) MARYLAND HEMPRAL (Specify) BALTIMORE. 10-12-66 LOUDON PARK CEMETERY 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229

MARYLAND STATE DEPARTMENT OF HEALTH

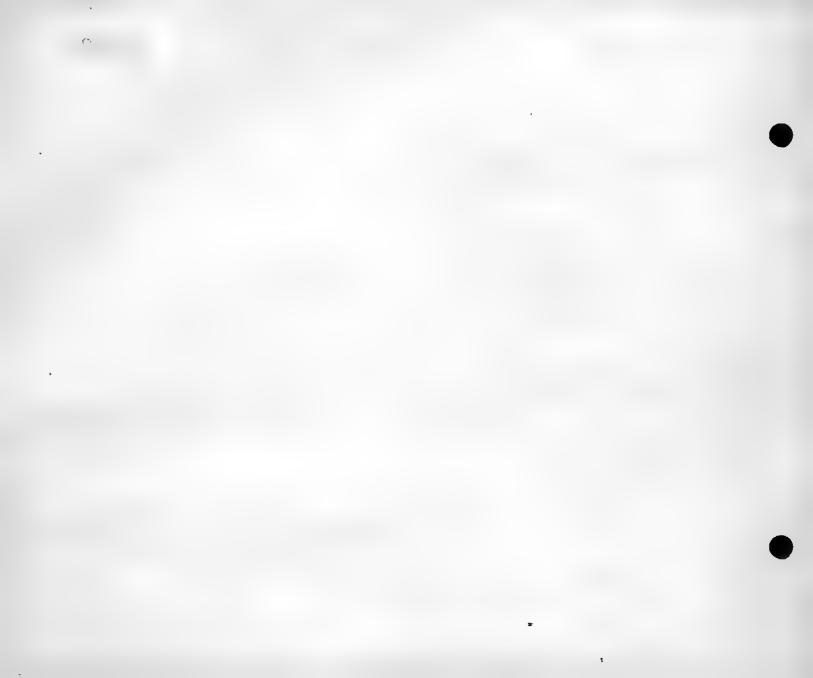


	DIVISION	OF STATISTICAL				ARTMENT ( 301 W. PREST			RE 1, MAR	YLAND	
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-	b. CITY OR TOV	VN (if outside corporate list and give neerest town)	nîts,	c. LENGTH OF ST	AY IN 1b	E. CITY OR TO	WN (If outside co	porete limits, writ	e RURAL end g	ive neerest	lown)
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"		R. Baxter					ı J.Murs	h			
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	22e. SIGNATI	In Xeen	, Qui	nn	м.		MED. DIRECTOR	STAFF PHYS.		15/8	22b. DATI SIGN
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2:	REMOVAL (Spe	MATION, 23b. DATE TH	EREOF	23c. NAME OF	CEMETERY C	OR CREMATORY		CATION (City, to		74.2	(Stata)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13868 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death signed by the attending physician ond completely filled in by the funeral bunal-tronsit permit. Then please remove carbon popers. Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate amits, write RURA, and give nearest town) write RURAL and give nearest town popers. d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC XXXXXXXXXXXXXXXXXX 5212 SUITLAND ESRED, NO NAME OF DATE Month Lost DECEASED 10 1966 (Type or print) DEATH S SEX AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? , - C INDUSTRY 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT fret as i'm (Yes, no, or unknown) (If yes give wor or dates of service TREAD THE PART I DEATH (Enter only one couse per line for (a), (b), and (t).

PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) To kere u DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been 19 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO ق 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Doy, Year (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not While of work ot work 21. 1 certify that (1) (this haspital) attended the deceased fram. , 19 65, to 7 7 , 19 65, that (I) (we) last should 19 and that death accurred at \_\_\_\_\_ M, fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS M.D. DIRECTOR PHYS director, poge should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION (County) (Stote) 10-26-1966 NATIONAL MEMORIAL PARK FALLS CHURCH, VIRGINIA 24 FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229



	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
NAME OF TAXABLE PARTY.	년 등 <b>2</b> 년	13370 CERTIFICATE OF DEATH 13873
	after death, the funeral ges 1 and 2 after death,	1. PLACE OF DEATH a. COUNTY.  BOUNTY.  MARYLAND  D. COUNTY  BOUND TOWN OF SUITED STATE  BOUND TOWN
	ithin 24 hours stely filled in by bon papers. Pa within 72 hours	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Owlngs  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Rose wood State Hospital  3. NAME OF DECEASED  OCCUPY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Baltimore  d. STREET ADDRESS  ON A FARM?  VES NO. 8.  NO. 1966  Publication  Death
	be executed ciclan and control as remove cond in any ever	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS   last birthday)   Months   Days   Hours   Min.    10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT   COUNTRY?   L. S
	th certifitending mit. The or remo	Cugustus Ruff Bessie Fleming  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 10 FOCIAL SECURITY NO. 17. INFORMANT Address  NO NONE MRS. CORA BEYERLETN. 1900 HAMMONDS FERRY RD
	CIAN: The law requires that the dea ospital or attending physician. Certificate has been signed by the a hed for use as the burial-transit perit. of Health prior to burial, cremation.	18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c). I  PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a)
	JING PHYSICIAN d by the hospit After this certi d be detached state Dept. of	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County) (State)   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County)   20f. (City or town) (City o
	L OR ATTENI 3y be retaine 5. DIRECTOR: age 3 shoul filed with the	21. I certify that (P) this hospital) attended the deceased from July 19, 1966, to 01, 30, 1966, that (I) (we) las saw the deceased alive on 001; 30, 1966, and that death occurred at 34M, from the causes and on the date stated above 22a. SIGNATURE  22b. DATE SIGNED,  ATTENDING MED. STAFF PHYS.   22b. DATE SIGNED,  PHYS.   22c. PHYSICIAN'S NAME (Type) Phys.   22d. ADDRESS NAME (Type) Phys.   22d. ADDRESS
	TO HOSPITAL Page 4 may Page 4 may TO FUNEAL I director, pag should be fill	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  BURIAL 11-2-66 LORRAINE PARK CEMETERY BALTIMORE MARYLAND  24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REDISTRAR'S SIGNATURE  HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13877 funeral s 1 and 2 ter death. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND ician and campletely filled in by the fur lease remave carban papers Pages I and in any event, within 72 haurs after Baltimore Maryland Reltimorerequires that the death certificate be executed within 24 hours after b CITY OR TOWN (f autside carparate limits, write RURAL and guy nearest tawn) CLENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Lawson Baltimore d. STREET ADORESS B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 136 S. Patterson Park Ave. YES № Г St. Joseph's Hospital 3 NAME OF Month Middle 4 DATE Oov Year First sician and campletely to please remave carban OF OECEASEO (Type or print) THERESA RYBAK October 66 DEATH B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIEO NEVER MARRIEO last birthday) Months Days Female WIDOWED DIVORCED white 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) 10g JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR the attending physician a nsit permit Then please i mattan, ar temphal, and in COUNTRY? during most of working life, even if retired) INDUSTRY IT.S.A Maryland

14. MOTHER'S MAIDEN NAME Housewife 13. FATHER'S NAME UNKNOWN John Grono 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, arunknawn) (If yes give war ar dates of service BISHOF 136 5. PATTER No crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY Pulmonary thrombo-embolism IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NG Pulmonary infarct. 20g ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year Haur o.m. Not While factory, street, office bldg., etc.) While d from 9-14-66, 19-66 to Oct. 5, 19-66that **X**) (we) lost, and that death occurred at 7P.M.M., from causes and an the date stated obave. 21. I certify that (1) (this hospital) ottended the deceased from 9-14-66 sow the deceased alive a 22b OATE SIGNEO 22a. SIGNATURE **ATTENOING** 10/6/66 7 (700). DIRECTOR 22d ADDRESS 22c PHYSICIAN'S 7620 York Rd., Baltimore, Md. 21204 Reynaldo Orjuela-Gomez, M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23b OATE THEREOF (State) BURIAL CREMATION. REMOVAL (Specify) Baltimore. Maryland St. Stanislaus /1966 Buria] 2Sb REGISTRAR S SIGNATURE 2So. REC'O BY REGISTRAR ADDRESS 24 FUNERAL OFFECTOR Ocharles VR A15 (4) 1966 BOURT C John M. Weber & Sons Inc. 401S. Chester



		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  13872  CERTIFICATE OF DEATH  12075
,	1,	PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
		Baltimore Manyland Baltimore Baltimore
/		b. CITY OR TOWN (i) outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town)
	-	Baltimore 12 years Woodlawn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE
nO 2	67	74 West Park Drive 2674 West Park Drive on A FARM?  YES □ NO 🗓
	3.	NAME OF First Middle Last 4. DRTE Month Day Year DECERSED OF
	E	(Type or print)  Rosaria  D. Saia  DEATH October 30 1966  SEX  16. COLOR OR RACE   7 MARRIED   NEVER MARRIED     8. DATE OF BIRTH  9. AGE (In years   IF UNDER 24 HRS.
		last birthday) Months Days Hours Min.
	[ 10	emale White WIDOWED X DIVORCED LIAUG. 31, 1883 83 yrs.    B. USUAL OCCUPATION (Give kind of work and of work and during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	1	At Home USA
1	13	FATHER S NAME
j	15	Anthony DiPaola Calderone Was deceased ever in U.S. Armed Forces? 16, Social Security No. 17, Informant Address
	Į (Y	Salvatore J.Saia -17 Maryland Ave. Pikesville
		18. CRUSE OF DEATH lenter only one cause peopline for (e), (b) and (c).)
		PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DELLINOULLY / FLORE / COLOR
		Conditions, if any, which ) DUE TO Serving Rules
		(b), steling the underlying DUE TO
		causa last. (c)
pary.	온	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,4) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	YES NO DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH
		OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20l. (City or town) (County) (Stata)  Hour e.m. While Not Whila factory, street, office bldg., atc.)
	WEI	p.m. 19 at work at work
		21. I certify that (I) (this hospital) attended the deceased from
		saw the deceased alive on
		M.D. ATTENDING MED. STAFF DIRECTOR DIRE
		162c. PHYSICIAN'S NAME (Type) FAADRY 8. (FIMBEL 1600 FAM DOLLE IN AUF = DOLLEY)
1	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country)
		REMOVAL (Specify) Burial 11-2-66 New Cathedral Cemetery Baltimore Maryland —
A.	24	EUNERAL DIRECTORYS SIGNATURE  ADDRESS   258. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS   258. REC'D BY REGISTRAR'S SIGNATURE
		asworth Cermacos 7608 telepter 1966 Charles Juage
		Balty 5 1 00 and



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13273 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death the ottending physicians and completely filled in by the funeral sit permit. Then please remove corban papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY ve corban papers. Pages 1 event, within 72 hours after BATTIMORE MARYLAND b, CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 150 DAYS FORT HOWARD COOKSVILLE e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS YES NO IX VETERANS ADMINISTRATION HOSPITAL NAME OF Last 4. DATE Manth Day Year DECEASED (Type or print) 1966 ATEXANDER SANDS JR. **OCTOBER** DEATH IF UNDER 1 YEAR AGE (In years S SFX DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months birthday) Days Hours TYJANUARY 16. MATE NEGRO WIDOWED 1928 10a USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) CONSTRUCTION COOKSVILLE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, ALEXANDER SANDS BESSIE GROOM 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. VA HOSPITAL (Yes, na, ar unknown) (If yes give war ar dates of service) 21h 20 81 86 CLINICAL RECORDS TES FORT HOWARD MARYLAND KOREAN NTERVA, BETWEEN 18. CAUSE OF DEATH (Enter anty one cause per line far (a), (b) and (c)) burial-tronsit PART I DEATH WAS CAUSED BY PULMONARY EMBOLI IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO signed I Canditians if any, which gave PRITONITIES 6 MONTHS rise ta immediate cause (a), DUE TO stating the underlying cause hos been os the 6 MONTHS PANCREATITIS WITH PSEUDO CYST last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Heolth r CERTIFICATION NO TY TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 20a, ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 1B.) OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, form, (State) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) Hour a.m factory, street, affice bldg., etc 1 Not While at work at wark Page 4 moy be retained by 21. I certify that (%) (this haspital) attended the deceased fram May 11 , 19.66 , to October 9 19.66, that (h) (we) last saw the deceased alive an October 9 19.66 , and that death accurred at 6:30M fram causes and an the date stated above 22b DATE SIGNED 22a. SIGNATURE ATTENDING 10/9/66 DIRECTOR PHYS. M.D. director, p∎ge should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) GEORGE DUDAS. M.D. VA HOSPITAT. FORT HOWARD MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City at Town) (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Bushby Park Cemetery Cooksville Maryland
ISTRAR 25b. REGISTRAR 5 SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) lianles DATE 1 Luther Haight Funeral Home, Sykesville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. th filled in by the funeral oan papers Pages 1 and 3 within 72 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY o. STATE **b** COUNTY BALTIMORE MARYLANO b. CITY OR TOWN (If autside carparate limits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) FEARS MIDDLE RIVER MIDOLE RILER d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARMS 736 ARNCLIFFE YES [ NO carban NAME OF 4. DATE Year DECEASED OF DEATH SCHAAF GEORGE 1966 HENRY OCT (Type or print) IF UNDER I YEAR IF UNCER 24 HRS. 5 SEX 9. AGE (In years last birthday) SEPT 17-1876 DIVORCEO 18a USJAL OCCUPATION (Give kind of work done 10b KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

LABORER INDUSTRY BALTO. MO 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY SCHAAF ROSE signed by the attending IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dotes of service) 212-03-8379 MARY KLIN-GBIEL 736 ARIVELIFFE RO IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO attending | stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS)
PERFORMED? NO F 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18) OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After deceased from 1961, 19 ta 10-14, 1966, that (1) (we) last and that death accurred at 920 M, fram causes and an the date stated above 21. I certify that (1) (this haspital) attended the deceased from 1961 be retained saw the deceased alive on 22a, SIGNATURE 22b. DATE SIGNED MED DIRECTOR **ATTENDING** 10-17-66 director, page shauld be filed 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify) BALTO. BALTO 120 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) macare



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13875 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission PLACE OF DEATH o. STATE **b.** COUNTY p. COUNTY MARYLAND ANN ARUNDEL BALTIMORE MARYLAND remave carban papers. Pages In any event, within 72 haurs aft b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) 18 DAYS PASADENA FORT HOWARD IS RESIDENCE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? and campletely filled remave carban pape NO Y IRIS DRIVE YES 🗌 VETERANS ADMINISTRATION 4. DATE Year 3 NAME OF Month Dov DECEASED (Type or print) 19 66 HENRY SCHILLFARTH DEATH OCTOBER JOHN DATE OF BIRTH AGE ( n years IF UNDER 24 HRS. S SEX 6 CDLDR DR RACE NEVER MARRIED T 7 MARRIED lost birthdoy) Months Doys Hours 1895 WIDOWED DIVORCED FEBRUARY 8 MALE MARKET attending physician and sermit. Then please rem 12 CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY BALTIMORE, MARYLAND LABORER BREWERY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval BARBARA LINDNER JOHN SCHILLFARTH IS WAS DECEASED EVER IN ILS ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dates of service) FORT HOWARD, MARYLAND 215 03 76 60 CLINICAL RECORDS INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ADENOCARCINOMA OF PROSTATE Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, cres DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20d, INJURY OCCURRED 20c. TIME DF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work , 19 66 , to OCT 1. \_\_\_\_, 19.**66**, that **(y** (we) last 21. I certify that (I) (this haspital) attended the deceased from SEPT 13 1966, and that death occurred at 730P M, from causes and on the date stated above. saw the deceased alive an Oct 1 22b. DATE SIGNED 220 SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S PETER JUVAN, M.D. VA HOSPITAL, FORT HOWARD, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION. REMOVAL (Specify) Baltimore, Maryland Oaklawn Cemetery Burial 25b. REGISTRAR'S SIGNATURE 250, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 6415 Belair Road VR A15 (4) 20 M 1/665 JOHN C. MILLER FUNERAL HOME Baltimore, Md.

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550	a	1		NARYLAND STATE DEPARTMENT OF HE RCH AND RECORDS, 301 W. PRESTON STREE	
		2 .1	13876	CERTIFICATE OF DEATH	13879
	ur after deoth	s Poges 1 and hours after death	b. CITY OR TOWN (If autside carparote limits, write RURA) and given nephesynawn)	MARYLAND O. STATE MARYLAND	here deceased lived, if institut an Residence before admission)  LYLA D b. COUNTY  and carporate limits, write RURAL and give nearest tawn)  MURE 2/2/5
	ıthın 24 hii	y filled in papers within 72 h	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi BALTO CO. GEN HOSK  3. NAME OF DECEASED  DECEASED	1	Fordleigh RM e IS RES DENCE ON A FARM? YES NOW!
	executed w	of and completely filled in age, remove corbon paper, ad in 572 ad	S SEX 6. COLOR OR RACE 7 MARRIED WIDOWED W	NEVER MARRIED 8. DATE OF BIRTH  DIVORCED 11 BARTHPLACE (COUNTY 8.	OF DEATH OCTOBER 1 19 GG  9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Yes Manths Days Haurs Man State, or toreign country)  12 CITIZEN OF WHAT
	certificate b	<u> </u>	13 FATHER'S NAME  Jacob ?	AR Home Selfo :  14. MOZHERS MAIDEN N/ ? Deler	The COUNTRY USA
	the deoth	the ottending physist permit. Then pingion, or removal,	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war ar dates af service)  18 CAUSE OF DEATH (Enter any one cause per line for (PART I. DEATH WAS CAUSED BY.	OCIAL SECURITY NO 17. INFORMANT  3-01-725/MRS, MBRTIN  (a), (b), and (c)	STERN 746 ROCKNING  BOZZALO TO INTERVA. BETWEEN ONSET AND DEATH
	ING PHYSICIAN: The low requires that the death certificate be executed within 24 heurs after death by the hazaital or attending physician	signed by burial-tron burial, crei	IMMEDIATE CAUSE (a)  Cand thons, if any, which gave rise to immediate cause (a), stating the underlying cause (c)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c)	WITH METAST	ASES MIKNOWN Clean
	IAN: The lo	ficote hos b for use os Health pric	ATION	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND CRIBE HOW INJURY OCCURRED (Enter nature of injury in Pa	YES NO
	OR ATTENDING PHYSICIAN:		(IF EITHER, NOTH I MEDICAL EXAMINER)	19.66 and that death accurred at 2	M, fram causes and an the date stated above
	TO HOSPITAL OR	JNERAL DIREC	22c. PHYSICIAN'S NAME (Type) QUINTIN	M.D. ATTENDING M.D. PHYS M.D. ADDRESS  ADDRESS  BA-UMD  234 ADDRESS  BA-UMD  235 NAME OF CEMETERY OR CREMATORY	MED STAFF 12 10-1-66  RE COUNTY GON, HOSP-  1 23d LOCATION (City or Town) (County) (State)
	H 01	VR A15 (4) 20 M 1/66	23g. BURIAL CREMAT ON, 23b DATE THEREOF BENEVAL (Specify) 10/2/1966 24 FUNKAN DIRECTOR CONTROL OF THE CONTROL O	Chizuk Amuno	Baltimore, Maryland  BY REGISTRAR   25b REGISTRAR'S SIGNATURE  3 1966   Glarley Judge



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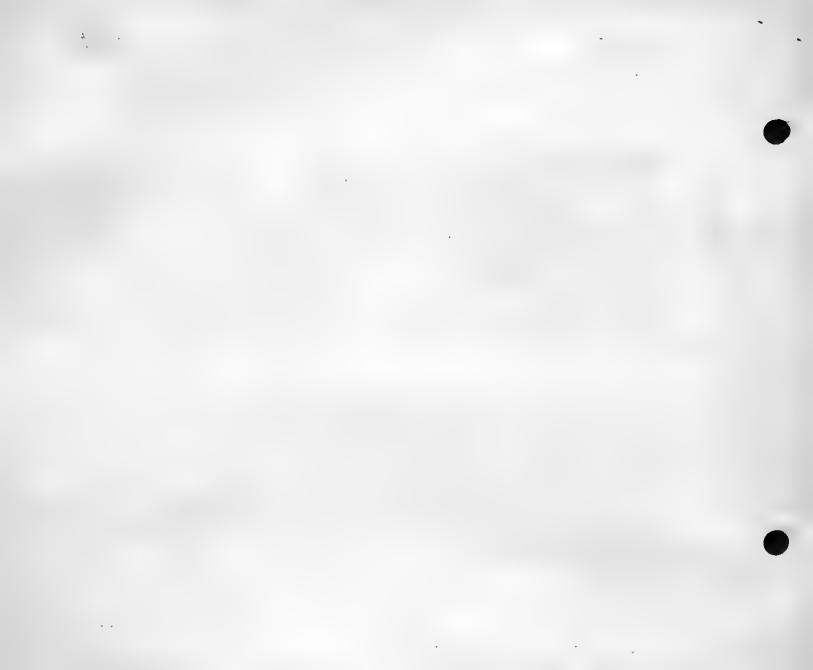
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 87 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 anii 2 death. 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY ve carbon papers. Pages 1 event, within 72 hours after MARYLAND Y OR IDWN (if outside corporate limits, be RUBAL and give nearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 21214 completely filled in O. IS RESIDENCE DN A FARM? OR INSTITUTION (if not in hospital, give street address) trathmore NO I certificate be executed within Then please remove carbon removal, and in any event, with NAME OF Middle DECEASED (Type or print) DEATH luce AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours 1 Min. DATE OF BIRTH NEVER MARRIED Months Days Hours TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remors amound be filed with the State Damt. If Health prior to burial, cremation, or removal, and in any WIDOWED [7] DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 12. CITIZEN DE WHAT COUNTRY? (County & State, of foreign country) FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, errunkown) (If yes pive war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DNSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause fast. (c) WAS AUTDPSY CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO [ YES TL 202. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 19.66 to 05 m 10/1919 6 6, that (1) twell last and that death occurred at 7.05 a.M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. MED. DIRECTOR PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) 4 015 G-REMTER BALTIMORE MEP. CHIMO VI (State) BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. REMOVAL (Specify) Baltimore, Md. 66. Loudon Park Cemeterv REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR Balto. Md. 21214 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the deoth certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) apletely filled in by the funeral e corbon papers. Pages 1 and ent, within 72 hours after deat PLACE OF DEATH Baltimore b. COUNTY **G** STATE 6 Maryland MARYLAND c CITY OR TOWN (If gutside corparate limits write RURA, and give nearest town) C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corparate limits, write RURAL and give nearest lawn)
Baltimore -2 min. Baltimore d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? St. Joseph Hospital 1686 Yakona Road YES 🗀 NO X 3. NAME OF 4 DATE Month Middle Last Day Year DECEASED October 12 Lisa Marie Schruefer DEATH (Type or pant) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED (ast birthdov) Months Days Hours 2 October 12,1966 Female White DIVORCED WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT or removol, and in during most of working life, even if retired) INDUSTRY COUNTRY? BALTIMORE, MD. 13 FATHER S NAME W 14 MOTHER'S MAIDEN NAME Philip Schruefer R. Fitzpatrick IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **36 SOCIAL SECURITY NO** Address (Yes, no, or unknown) (If yes give wor at dates at service) Same Philip W. Schruefer, Jr. INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one cause per une for (a), (b) and (c).) buriol-transit ONSET AND DEATH PART ! DEATH WAS CAUSED BY Prematurity IMMEDIATE CAUSE (a). signed by 1 DUE TO buriol, Conditions, if any, which gave rise to immediate cause (a), **DUE TO** tor use as the t Health prior to b stating the underlying couse the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO DO for 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I at Part II af item 18.) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not White of work at work 21 I certify that (1) (this haspital) attended the deceased fram October 12,1966, to October 12,1966, that (1) (we) last saw the deceased alive an October 12, 1966, and that death accurred at 30aM, fram causes and an the date stated above. 226 DATE SIGNED 220 SIGNATURE **ATTENDING** MED DIRECTOR STAFF PHYS. October 12,1966 M.D PHYS. 22d ADDRESS 22c. PHYSICIAN'S 7620 York Road, Towson, Md. NAME (Type) Vicente P. M.D. 21204 23d LOCATION (City or Town) 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) 23a BURIAL, CREMATION, REMOVAL (Specify) 10/12/66 Holy Redeemer Cemetery Baltimore ore Md.
25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Ollander VR A15 (4) 20 M 1/66 5305 Harford Rd. DATE OC

4 f è

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral death and deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Balto bon papers. Pages 1 within 72 hours after Baltimore Md. the MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) nours Parkville ,5 Parkville 10 yrs. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled NO. YES executed within and completely emove carbon | 3. NAME OF DATE OF DEATH First Middle Last Day Year 4. Month DECEASED event, 1 (Type or print) 19 66 John Schweiger October 0 28 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED any Nov 30 1893 WIDOWED DIVORCED ! physician a 11. BIRTHPLACE (County & State, or foreign country) 1Da. USUAL OCCUPATION (Give kind of work done I 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT be during most of working life, even if retired) COUNTRY? Gasoline St. USA Station Attend. Marvland death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending p remoy John Schweiger Cunniqunda Deilein 15. WAS DECEASED EVER IN U.S. ARMED FORCES? en signed by the attend burial-transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) I (If yes nive war or dates of service) WW Family records Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH After this certificate has been signed by be detached for use as the burial-transi State Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating underlying cause last, (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F YES 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not Walle While director, page 3 should be d should be filed with the State be retained by ATTENDING 19 at work 1966 21. I certify that (I) (this hospital) attended the deceased from 19. that (I) (we) last 60 and that death occurred at 2 saw the deceased/alive on. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. ATTENDING STAFF 166 PHYS. PHYS. M.D. DIRECTOR Page 4 may PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) Harford raod Aless Edward LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) REC'D BY REGISTRAR FUNERAL DIRECTOR 1966 VR A15 (4) C.F.EVANS & SON 8802 Harford road 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3060 requires that the death certificate be executed within 24 hours after death pup USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH and completely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 haurs after deat b COUNTY o. COTINTY o STATE Baltimore Marvland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b (ITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 Baltimore lmth 7dvs Catonsville d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1931 Grinnalds Avenue SPRING GRO VE STATE HOSPITAL YES -NO 4 DATE 3 NAME OF FIFST Middle Month Dov Year DECEASED October Viola 28 Schwemmer 19 (Type or print) DEATH IF JNDER 24 HRS IF UNDER 1 YEAR S SEX 8. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED last birthdoy) Months Hours Days June 27, 1925 WIDOWED DIVORCED female white 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done physician al ien please r during most of working life, even if retired) INDIISTRY COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Josephine Szmanski Ferdinand 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address 212-26-7949 Records: SPRING GROE STATE unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).

PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o)

Myocardial ONSET AND DEATH burial-transit Myocardial Infarction, acute. DISE TO Abteriosclerotic Cardiovascular Heart Dis. lyr. Conditions, if only, which gove nse to immediate couse (a). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the (d) Arteriosclerosis, Generalized fast PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? Pneumonia NO YES j 200 ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work ot work ottended the deceased fram Sept. 21, 1936 to Oct. 28, 1966, that (t) (we) last Oct. 2819.66, and that death occurred of M, from causes and on the date stated above. pe 21. I certify that XI) (this hospital) attended the deceased fram\_\_\_\_ saw the deceased alive on. a. 22b. DATE SIGNED 220 SIGNATURE ATTENDING DIRECTOR be filed SPRING GROVE STATE / HOSPITAL 22d. ADDRESS PHYSICIAN'S NAME (Type Baltimore, Maryland 21228 Anthony J. Young . M.D. directar, shauld b BURIAL, CREMATION, LENOVAL (Specify) 23d. JOCATION (City of Town) (County) (Stote) 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR NOV Milarlan 1956



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13981 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY **b.** COUNTY Baltimore Balt imore Marvland MARYLAND b CITY OR TOWN (if outside corporate limits CLENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURA, and give negrest town) 20 YEARS Brooklandville Brooklandville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Brooklandville, Falls Rd. Brooklandville. Falls Rd. YES NO TO NAME OF carban Midd e DECEASED (Type or print) Robert. Settle DEATH October 23 66 S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 7. MARRIED lost birthdoy) Male White WIDOWED DIVORCED November 20.1908 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working I te, even if retired)
Secretary Printing Co. U.S.A. Cincinnati, Ohio 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME by the ottending phys Howard G. Settle Mary J. Talbert 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Rd. (Yes, np, or unknown) (If yes give war or dotes of service)
Yes World War 11 212→03→6101 6 Mrs. Mary Ann Settle Brooklandville, Falls 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH aremic acidosis IMMEDIATE CAUSE (o). DUE TO prostatic cancer 1963 Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) none YES | NO X 20o, ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of stem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) O FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While of work ot work 21. I certify that (11) (this haspital) attended the deceased fram Dez., 1962, ta x, 23., 1966, that (11) (we) last saw the deceased alive an X, 23, 1966, and that death accurred at 3 300 M, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR 22d. ADDRESS K.A. SCHIRMER director, po should be f NAME (Type) JOHNS HOPKINS HOSPITIFL 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Oct. 25, 1966 Druid Ridge Cemetery Pikesville Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 1966 Wm. Cook-Brooks Towson Inc. 1050 York Rd. 20 M 1/66 DATE

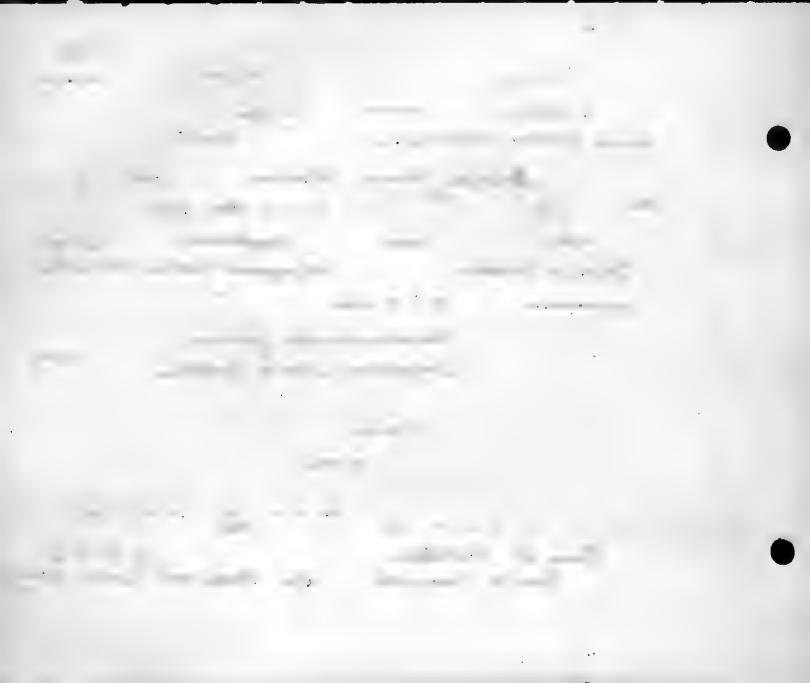
Ę . 11 1 4 . 1

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13852 The law requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral remove carban papers. Pages I and remove carban papers. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Baltimore 21,206 Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1824 Weyburn Rd. St. Joseph Hospital NO TO YES 🗀 3 NAME OF M dale 4 DATE Manth Day Year DECEASED (Type or print) OF DEATH John October 19 66 Leroy SHAUCK IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B DATE OF BIRTH 9. AGE (In years 7 MARRIED X **NEVER MARRIED** birthday) Days Hours white male WIDOWED Nov. 26. 1941 DIVORCED 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12. CITIZEN OF WHAT during most of warking re, even if retired)

Claims Authorizer signed by the attending obysicion of INDUSTRY Baltim re. Md. Security Social 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Adm. Harry L. Shauck Frances Zukowski 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates af service 214-40-1349 Harry L. Shauck, Father, above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED 8Y: INTERVAL BETWEEN ONSET AND DEATH Terminal Carcinoma IMMEDIATE CAUSE (a) DUE TO Malignant Melanoma Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART !(a) NO TO be retained by the hospital ar 20a. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur a m factory, street, office bldg., etc.) at wark 2). I certify that (I) (this haspital) attended the deceased from October 15, 19 66, to October 2419 66, that (I) (we) last saw the deceased alive on October 24 19 66, and that death accurred all:59 M, from causes and on the date stated abave. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. Oct. 24, 1966 M.D PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Antonio Razo M.D. 7620 York Rd. Towson Md. 21204 director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (State) BURIAL, CREMATION 10/28/66 Holy Rosary Cemetery Maryland Funeral Home, Inc. 2Sb. REGISTRAR'S SIGNATURE 3331 Brehms Lane, Balto., Md.



MARYLAND STATE DEPARTMENT OF HEALTH \*DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and, 2 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Olusin MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) When 13 culture = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE Bux 191 Baltime Medical Center ON A FARM? YES ND etely executed within carbon NAME DE Middle DATE Last Month Day Year DECEASED compl (Type or print) OCA DEATH 1966 5. SEX 6. CDLOR OR RACE AGE (In years | IFUNDER 1 YEAR IIF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours WIDDWED DIVORCED 8 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12, CITIZEN OF WHAT ician ase nd ir law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Unkn 4.54. 13. FATHER'S NAME MOTHER'S MAIDEN NAME attendi ed by the attend transit permit. cramation, or n INFORMAN (Yes, no, or unkown) | (If yes give war or dates of service) MARY Linknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN burial-transit burial, cram ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) igned DUE TO Cenditions, If any, which been gave rise to Immediate r the DUE TO cause (a), stating the underlying cause last. 38 (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. for use Health PERFORMED? certificate the hospital or YES [ NO F 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) Petached 1 Dept. of DR CONTRIBUTING ( ) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While be Stat p.m. at work at work OR ATTENDIN be retained b b 21. I certify that (I) (this hospital) attended the deceased from... 10-5-19 66 to 10 - 5 . 19 66 that (1) (we) last DIRECTOR: age 3 should led with the 1966, and that death occurred at 9.45M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING MED. STAFF PHYS. PHYS. тау HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p ᢦ Page BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) > A 12LY. CAMBRIA. CO 0-10 66 FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE WM.COOK-13ROOKS VR A15 (4) TOWSON. 20M 1/65



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
20 - 1V1	CERTIFICATE OF DEATH	883
funeral and 2 death	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
- B	MARYLAND MARYLAND	ARKTON
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ind give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
	GREATER BALTIMORE MEDICAL CENTER PRETTY BOY DAN ROAD	ON A FARM?
	3. NAME OF First Middle Last 4. DATE Month OF OF	Day Year
	(Type or print) BABY GIRL SIMMONS DEATH 10	20 1966
	F WIDOWED DIVORCED 10/20/66 last birthday) Wonths I	Days Hours Min.
-		TIZEN OF WHAT UNTRY?
ļ	NEW BORN BALTIMORE. MARYLAND  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	USA
4		UMER
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown)   (If yes give war or dates of service)	
	NO	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) 18EIIIHIURUT	
	Conditions, If any, which \ (b)	
	gave rise to immediate cause (a), stating the DUE TO	
	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
•		PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ı	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   While at work   at work   at work	nty) (State)
		6, that (I) (we) last
	Saw the deceased director and the same and t	TE SIGNED
	uau L. Roque M.D. ATTENDING MED. STAFF ND 10	120/66
	22c. PHYSIGIAN'S NAME (Type) Juna L. ROQUE 6BMC 6701 N. CHARLES ST.	BALTO. 4
	23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cour	(State)
2	24. FÜNERAL DIRECTOR 1 21, 1966 BELETIER BALTIMORE MED CTR. 1670 I V. EHARUES  24. FÜNERAL DIRECTOR 1 250. REGISTRAR! 250. REGISTRAR! 250. REGISTRAR!	SIGNATUR 2 1204
2	Have A 1 letter 110 6701 N. CHAPLES	les Judge
K	THURA J. MILLOW, MP. TOUSON, MANYLAND DATE OCI 3 1 1966	0
	19 / 21704	



97-	1~	MARYLAND STATE DEPARTMENT OF HEALTH
1	st gg	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
U	FOR STATE	13888 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1 1	o health dept.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution; Rasidanca before admission) 5. COUNTY
20	ssary, Page lles.	BALTIMORE MARYLAND MARYLAND 6. COUNTY BALTIMULET
2		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give pagest fown)
W/3	nace: ector. our f arfmer h.	Write KUKAL end dive nearest town)
Q.	/ N F W W **	CATONSVILLE SYRS  d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address)  d. STREET ADDRESS  225-35/4VEAR. IS RESIDENCE
er-	slay i	A LILL ON A FARM?
3	funeral funed fr ined fr state L	3. NAME OF First Middle Last 14. DATE Month Day Year
3	h. If any to the from the from the Single Shours	(Type or print)
3		WILL SIMON OCT 7 1966
-	death. nd 3 to nay be with t	last birthday) Months Days Hours Min.
3	F 9 7 6 F	108. USUAL OCCUPATION (GIVE kind of work   106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign sounity)   112. CITIZEN OF WHAT COLINTEYS
3		done during most of working life, even if retirad)
00,		NONE NONE BALTIMORE MARYAND USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
1	84 6 X 6 0	
	16. 2 tr	LEON SIMON HELEN WOLF SIMON
	2 8. o	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (Ifyesgivawarordatesofservica)
		NO MRSGERTRUDE ROBERTSON HOSE
	3 £ 7 K_v	18. CRUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).)  INTERVAL BETWEEN ONSEY AND DEATH
	rould be exec	PART 1, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CORONARY  OCCLUSION  MINUTES
	uld be e. In pencil Mice alc Imial-tran	DUE 70
	ould ori or or	Conditions, if any, which ) IT Y PERTENSIVE U. V. DISEASE YTYRS
	ding' ding' as a as a	gave rise to immediate cause  (a), stating the underlying  DUE TO
	tificate shoi pending" i taminer's O sed as a ■ cremation <sub>s</sub>	eause last. (c)
	certificate shord "pending" il Examiner's be used as a ial, cremation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	, , , , , , , , , , , , , , , , , , ,	FRTHRITIS - MADIE COLOR
	9 0 0 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERMINARY   or CONTRIBUTING   or CONTRIBUTING   CAUSE OF DEATH.
	NER 3 sh ⇔	
	TOTAL EXAMINER cute the certificate, writing the forwarded to the Chief Mar DIRECTOR: Page 3 shifts designated agent, prior t	20c. TIME OF INJURY Month, Day, Year Hour a.m. While Not While at work at work at work
	KA he ( Pa ent,	Hour a.m.  While Not While factory, street, office bidg., atc.)  p.m. 19 at work at work
	DICAL EX.	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion
	DICAI To the certification To DIRECT Gesignated	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner
	PUTX CDICA. execute the certificate be forwarded (IGDs forwarded NEEGI OF ISE CT or its designate.	CHIEF MEDICAL EXAMINER
	E & O &	ACTUAL DE ALL DE ASSISTANT MEDICAL EXAMINER DATE SIGNED
	Pecut Bar its	DEDITY MEDICAL EVANINED (10/5/16/6
	E SA PARA	NAME (Type) JO 147 N. SNYDER Address (Street, city, town, or county) 6348 FOEDER ICK &
	O DEPUTY please execute 4 should be for C FUNERAL Health or its	22a. BURIAL, CREMATION,   22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, lown, or county)   [State]
	O g 4 O T	BURIAL 10/7/66 BALTIMORE HEBREW BALTIMORE, MARYLAND
	6	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
	VR A15ME	SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN ROMBATE OCT 10 1966 000
	5M 1/63	SUL ELVINSON & BROS. INC., OUT RESIDENCE TO 1966 Pleases Judge
		and the state of t

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funera PLACE OF BEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY arter MARYLANO TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITYAOR TOWN (If butside corporate limits, write RURAL and give nearest town) and completely filled in by emove carbon gapers. Pag any event, within 72 hours AURAL and give nearest town) 24 hours d. NAMB OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES executed within 3. NAME OF DECEASED Middle DATE (Type or print) DEATH and cor SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | Jest | Dirthday) | Months | Oays IF UNDER 24 HRS Hours WIDOWED DIVORCED [ please re I, and in 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR lefan (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be working life, even iferetired) 13. FATHER'S NAM 144 MOTHER'S MAIDEN NAME attending No removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address O FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or I (Yes\_no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. year 5 OUE TO Conditions, if any, which (b) gave rise to immediate **OUE TO** (a). cause stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO 다 208. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. 2 While Not While be retained by 19 at work at work p.m. 5 6 to 19 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last A.M. from the causes and on the date stated above. 19 6 C. and that death occurred at saw the deceased alive on 22a, SIGNATURE DATE SIGNED ATTENDING STAFF M.D. PHYS. 10 DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or equpty) (State) DATE THEREOF 2 REMOVAL (Specify) **FUNERAL DIRECTOR** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death gan and campletely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND E LENGTH DE STAY IN 15 DR TDWN of autside corporate limits, write RURA, and give nearest town) b CITY DR TDWN (If autside carparate , mits d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? NO XX YES NAME OF DATE Doy Year DECEASED OF DEATH В. 1966. AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED Months Hours DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10o. USUAL DECUPATION (Give kind of work done TOB. KIND DE BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired)
SEAMSTREBS INDUSTRY O RAILROAD MARYLAND 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME UNKNOWN ----RIDGEWAY IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND 17 INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dotes of service) 705-12-3795 MRS. WALTER C. BALLS, 114 OAK DRIVE, 21228 NO INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DIJE TO Conditions, if ony, which gave rise to immediate cause (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use the State Dept. of Health NO YES 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item IB) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) at work 21. I certify that (1) (this hospital) attended the deceased from\_ 10-8.19 19 66, and that death accurred at 5000 M, from causes and on the date stated above 10-14 saw the deceased alive an. 22b. DATE SIGNED 22g, SIGNATURE DIRECTOR MD. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S directar, po should be f NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (State) 23o. BURIAL, CREMAT ON BALTIMORE, BURTAL(Specify) MT. OLIVET CEMETERY 10-20-66 ADDRESS 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR HOWARD H. HUBBARD, 4107 WILKENS AVENUE, 21229

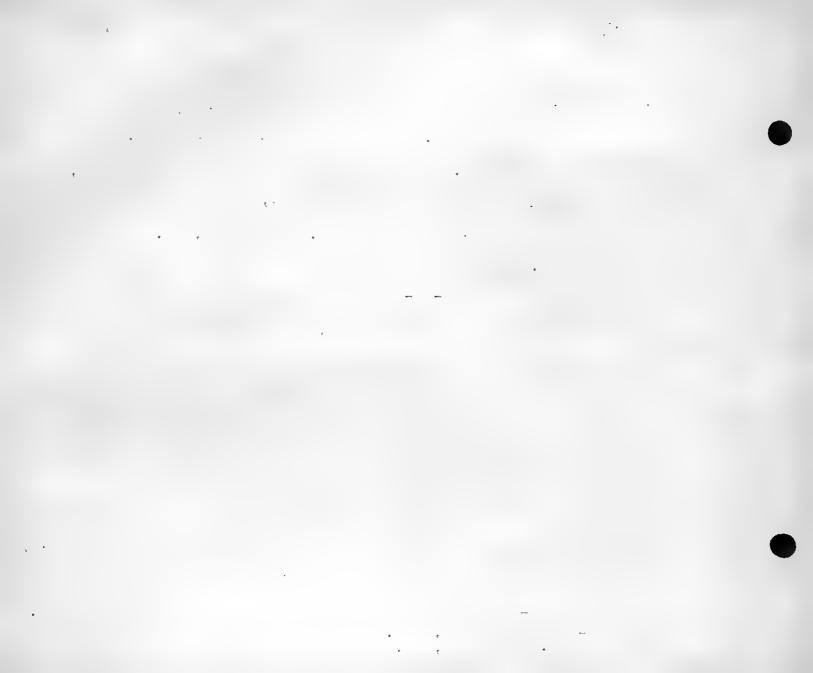


1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  13859
death.	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
9 年曜)	a. COUNTY 3 1 TIME OF
after street	b. GITY OR TOWN (If outside corporate limits.   C. LENGTH OF TAY IN 1b   C. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
N DEF	RURAL HERBYILLE 4/YEARS BALTINGRE, MARYLAND
24 hour filled in papers. in 72 hou	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
y fill pap thin	3112 ROLUMG Rd. RIERSIDE AVE; YES NOW
ited within 24 h completely filled ve carbon papers event, within 72	3. NAME OF DECEASED (Type or print) ALICE ELIZABETH SMITH DEATH  DATE Month Day Year DECEASED (Type or print) DAY Year DEATH  DECEASED (Type or print) DAY Year DECEASED (Type or print) DAY DAY DECEASED (Type or print) DAY
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years   IFUNDER 14 HOURS   Months   Days   Hours   Min.
and and emo	WIDDWED DIVORCED A CO. 6, 1975 6/ yrs.
be e	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  WAS HING TO H, MARKET COUNTRY?
	13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME
	JOHN PENNER MARY RENNER
ath certi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DAUG MTEF: Address (Yes, no.gor, unknown) ((If yes give war or dates of service)
e death certificate the attendigency it permit. Then p nation, or removal,	11/0 214-12-1861 VIRS. RADE - 3/12/024/12-12/10/10/2019
at the deaf ian. d by the af ransit per cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
at the sian. Sian. Sian. Cre.	IMMEDIATE GAUSE (a)
hysich hysich signe rrial	Conditions, if any, which \ (b)
aw requires that the trending physician. Thas been signed by the as the burial-transit prior to burial, crema	gave rise to immediate cause (a), stating the DUE TO
endii ss bi rior	underlying cause last, (c)
The law requires that to attending physician ate has been signed buse as the burial-transalth prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
F. The last or as ficate or use lor use Health	YES NO LE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PHYSICIAN: The law requires that the the Mospital or attending physician. This certificate has been signed by the detached for use as the burial-transit to Dept. of Health prior to burial, creman	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
the I this this detac	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at work at work at work at work at work at work.
Stale by Stale	p.m. 19 at work at work
	21. I certify that (I) (this hospital) attended the deceased from 1907. 4 1957, to 1967, that (I) (we) last saw the deceased alive on 1967. 1966, and that death occurred at 1968. 4, from the causes and on the date stated above.
ECTOR: A Should with the	228. SIGNATURE 220. DAYE SIGNED
DIR.	Educa Thingert, M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIRECTOR DIVINE
TO HOSPITAL OR ATTENI Page 4 may bm retaine director, page 3 shoul should be filed with the	220. PHYSICIAN'S NAME (Type) FOW IN L. PIERFONT, M.D. 8204 LIBERTY RdBALTO. MD. 2-1207
Palle Palle FUN direct should	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
5 5 5 5 S	REMOVAL (Specify) 10/13/66 WOOCI Q VV D WEGGISTRAR 250. REGISTRAR'S SIGNATURE
· · · · · · · · · · · · · · · · · · ·	0CT 13 1966 Ochanda Oude
VR A15 (4) \	hay tensking in wind, in Milling, DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTYBaltimore Baltimore after Maryland MARYLANO by the Pages b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours Rodgers Forge Baltimore. Rodgers Forge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS Murdock Murdock Rd. Rd. YES NO NO completely NAME OF Middle Last DATE Month Day DECEASED (Type or print) Francis A. Smith DEATH October 1966 6 6. COLDR DR RACE | 7. MARRIED X NEVER MARRIEO AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS OATE OF BIRTH last birthday) | Months | Days and any July 19.1895 WIDOWED [ Male DIVORCED F 5 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT physician during most of working life, even if retired) INDUSTRY COUNTRY? Bull Steamship Tresurer Baltimore. Md. Vo. certificate 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME attending ph ermit. Then Smith Hughes Charles Α. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT ermit. 9 death (Yes, no, or unknwn) ((If yes give war or dates of service) cremation, Same 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN DNSET AND DEATH been signed by the the burial-transit p or to burial, cremati PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? certificate D HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or NO 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I DR CONTRIBUTING CAUSE DE OFATH DIRECTOR: After this cage 3 should be detached with the State Dept. MEDICAL 2Dc. TIME OF INJURY Month, Oav. Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this hespitel) attended the deceased from. and that death occurred at IP. M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED page ATTENDING PHYS. MED. (vmus OIRECTOR FUNERAL PHYSICIAN'S 22d. AOORESS director, p NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Burial FUNERAL DIRECTOR 0 - 10 - 66Holv Cross Anne Arundel REGISTRAR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR 25b. edefeld Home, Inc. VR A15 (4) daltimore. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLANO Department after death. funeral may be b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b DAILY Sparrows Point 21222 EMPLOYMENT DUNDALK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? lay 3 t State hours Plant Dispensary - Beth. Steel Corp. 61 DUNDALK AVENUE NO K offer death. If any dela Give Pages 1, 2, and 3 mg with form PM3. P. 3. NAME OF First Middle Last DATE Day Year Month DECEASED 32 OCEOHER 3, 66 (Type or print) Harry DEATH 19 SNEAD Lonza 2 with within 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS OATE OF BIRTH 7. MARRIED NEVER MARRIEO Months | MALE WHITTE Days 190 MIDOWED DIVORCED and a 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY after STREL WRKER ---STEEL MAKING EXAMINER: This certificate should be executed within 24 hours after certificate, writing the word "pending" in pencil in Item 18. Giould be forwarded to the Chief Medical Examiner's Office along VIRGINAA

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNK TINK 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or sucknown) | (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. I removal, 3-07-4929B NO ERTHA DAVIS SNEAD. (2 ABOVE WIDOW CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Crushing injuries to abdomen. a burial-transit head. IMMEDIATE CAUSE (e) with evisceration. DUE TO Conditions, if env. which (b) gave rise to immediate DUE TO cause (e), stating the 60 used as a to burial, o underlying cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO YES should be gent, prior t 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) Run over by railroad cars. -2nd St. & Blast Furnace 3 shoul MEDICAL 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Cay, Year factory, street, office bldg., etc.) che certificate should be fo Not While While at work of et work Point-Balto. Steel Plant Sparrows IRECTOR: Page its designated a 1966 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and In my opinion Accident . Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ge 4 **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE please e. director. . retained fo. 7 FUNERAL D. f. Health or 百 DEPUTY MEDICAL EXAMINER AND Rd.

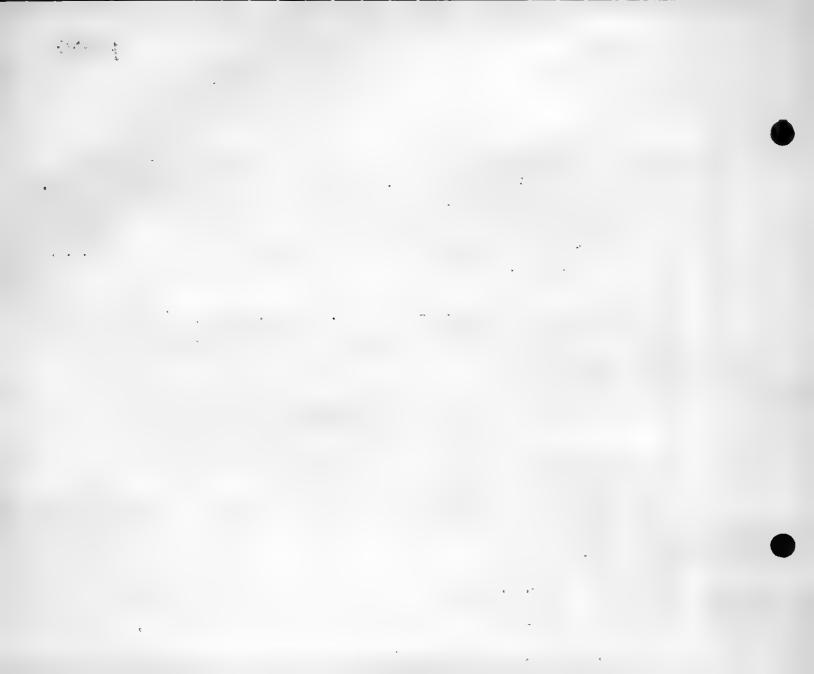
Address (Street, city, town, or county) Melvin B. Davis, M. NAME (Type) BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. REMOVAL (Specify) MONTECELLO MEM. CHARLOTTSVILLE. VA. 25b. REGISTRAR'S SIGNATURE 25a. REC'O BY REGISTRAR I FUNERAL DIRECTOR VR ALSME (5) MLK. BRADLEY DUND MD DATE 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13894 MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH o. COUNTY o STATE **b** COUNTY PM3. Poge of Baltimore MARY, AND and 3 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) with the State Deportm within 72 hours ofter Baltimore Baltimore 21234 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE Office along with form ON A FARM? 3103 Clearview Ave. St. Josephs Hospital Item 18. Give Pages NO 3. NAME OF 4. DATE Lost Month Year DECEASED (Type or pnnt) SNYDER 66 Edward October 19 DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR 7 MARRIED **NEVER MARRIED** IF UNDER 24 HRS Months Dovs white male WIDOWED A 73/15 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.A Bedding Business ≘ Retired Maryland within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME puo John Snyder Anna (unknown) IS WAS DECEASED EVER IN U.S. ARMED FORCES? ⊆ certificate should be executed 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, ar unknown) (If yes give wor or dates of service) removal Anna M. Snyder Same 8 CAUSE OF DEATH (Enter only one couse per PART 1 DEATH WAS CAUSED BY 5 IMMEDIATE (AJSE (o) used as a burial-tror buriol, cremotion, o e, writing the word forwarded to the Ch DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stating the underlying couse last PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? please execute the certificate. YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING KAL EXAMINER: CAUSE OF DEATH. 20c TIME OF INJRY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home farm, (City or town) (County) (State) Haur om Not While foctory, street, office bidg, etc.) FUNERAL DIRECTOR: Page of work 21 I certify that I taok drarge of the remains described above, held an Autopsy Inspection 7 Inquiry and in my opinion Suicide death resulted fram Natural causes Accident Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22 SATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Charles F.O'Donnell. NAME (Type) Address (Street, city, town, or county) BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 50 REMOVAL (Specify) Burial 10/10/66 Holy Redeemer Balto. 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 1966 Leonard J. Ruck, Inc., Balto., Md. 21214 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH para PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY BALT IMORE b. COUNTY o. STATE MARYLAND BALTIMORE remave carban papers. Pages 1 in any event, within 72 hours after MARYLAND requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If outside carparate I mits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CLTY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) ARBUTUS ARBUTUS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? filled 1231 OAKLAND TERRACE ROAD NO VZ 1231 OAKLAND TERRACE ledse remave carban NAME OF First Middle DATE Last Manth Day Year DECEASED MARGARET H. SNYDER **OCTOBER** 16% (Type or print) DEATH 66 S SEX 6 COLOR OR RACE 7 MARRIED X B. DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthdoy) Davs Hours FEMALE WHITE WIDOWED DIVORCED 4-25-1908 100 USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during mast af warking life, even if retired) **INDUSTRY** COUNTRY? e burial-transit permit. They pleas o burial, cremation, or removal min OPERATOR WESTERN UNION MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME HARRY HOBSON ELIZABETH BELL 1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) [(If yes give wor or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT 215-10-9919 MR. ALVIN G. SNYDER, 1231 OAKLAND TERRACE RD INTERVAL BETWEEN ONSEL AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUF TO stoting the underlying couse Page 4 may be retained by the haspital ar attending has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached far us 20o. ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram\_ 19 66, and that death accurred at 116 M, from causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 220 SIGNATURE ATTENDING ( M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) D. P. ALAGIA 3326 FREDERICK AVENUÉ 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) BURIAL (Specify) 10-19-66 BALTIMORE LOUDON PARK CEMETERY MARYLAND 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sq. REC D BY REGISTRAR VR A15 (4) 20 M 1/66 HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13333 CERTIFICATE OF DEATH by filled in by the funeral popers. Pages 1 and 2 within 72 hours offer death requires that the deoth certificate be executed within 24 hours ofter deoth. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY Baltimore Marvland **b.** COUNTY MARYLAND c length of Stay in 16 2 Months c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, Baltimore Towson XXXXXX d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS S RESIDENCE ON A FARM? Joseph Hospital 2923 Clearview Rd. YES NO DO 4. DATE 3 NAME OF Middle Lost Doy Year DECEASED (Type or print) Dorothy J. Sofge October 12. DEATH FUNDER 1 YEAR DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Jost dirthday) Months Hours White Female 2-7-1900 WIDOWED A DIVORCED | piease remo burial, cremotion, or removal, and in any 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o USUAL OCC., PATION (Give kind of work done during most of working life, even if retired)
Retired Teletype COUNTRY ? A. INDUSTRY Columbus, Ohio Western Union 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Amelia Job Thomas C. Gutteridge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dates of service) 17. INFORMANT 1725 Pin Oak Rd. 21234 16 SOCIAL SECURITY NO. permit. Mrs . J. Schoppert 082-01-0408 no 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burnal-tronsit p ONSET AND DEATH Pulmonary thrombo-embolism. IMMEDIATE CAUSE (o). Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-tran DUF TO Conditions, if any, which gove nse to immediate (ouse (o), DUE TO stoting the underlying couse os the prior to t WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Duodenal fistula: Ruptured diverticulum. YES X NO [ 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bidg , etc.) Not While of work of work 21. I certify that (+) (this hospital) attended the deceased from August 1, 1966, to October 12 1966, that (1) (we) last saw the deceased alive pn October 12, 19 66, and that death accurred at 12:15%, fram causes and an the date stated above. 22b DATE SIGNED 22o SIGNATURE ATTENDING STAFF PHYS October 12, 1966 DIRECTOR director, page 3 should be filed v M.D PHYS 22d. ADDRESS 22c. PHYSICIAN'S Gomez, M.D. NAME (Type) Reynaldo Orjuela 7620 York Road, Towson, Md. 21204 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) Towson, Maryland Oct. 15, 1966 Prospect Hill Cemetery 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Vm. Cook-Brooks Towson 1050 York Road VR A15 (4) 8 20 M 1/66 Towson, Maryland

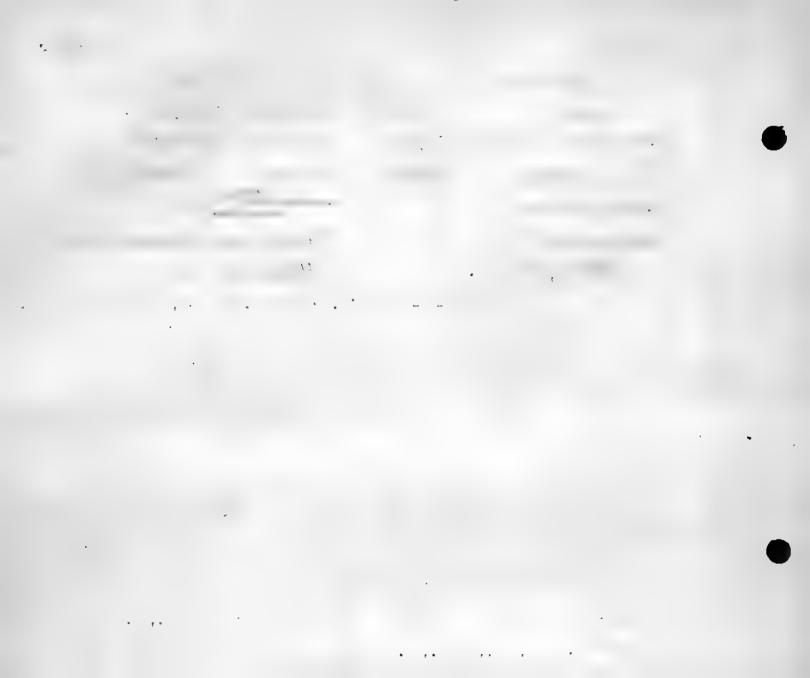
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Pages 1 and 2 urs after death: hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY a. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b write BURAL and give nearest town) 8 weeks Dundalk .= d. STREET ADDRESS d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE filled ON A FARM? 8202 Willson Avenue 90 Shipway. 27222 NO C YES physician and completely in please remove carbon is val, and in any event, with executed within NAME OF DATE Month 43 (0.1) Last 4. Year DECEASED OF DEATH KATTE SOFINOWSKI -SOFINOSKI October 3\_ 66 (Type or print) 19 AGE (In years | IF UNDER 1 YEAR ! FUNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED DATE OF BIRTH 5. SEX last birthday) Months Days Hours 1 Jan-24-1896 Femal's White WIDDWED J DIVDRCED T 12. CITIZEN OF WHAT 1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) death reinficate be COUNTRY? Housewife Poland U.S.A. removal, 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME been signed by the attending pl the burial-transit permit. Then or to burial, cremation, or remova Adam Brodowski Catherine Brodowski 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SDC IAL SECURITY ND. | 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 215-28-9320-6 Husband. Mr. Frank Sofinowski 2, a, b, c, d. 18. CAUSE OF DEATH [Enter only one cause pay line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 05151 MA the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the certificate has be ched for use as the pt. of Health prior to underlying cause last, (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? ND DOX YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) 20a, ACCIDENT WAS UNDERLYING DR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) I be detached State Dept. o MEDICAL 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm. (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While After at work at work L Page 4 may be terestory. Funeral Director, page 3 should be director, field with the St DU 19 6 that (I) (we) last 21. Incertify that (I) (this hospital) attended the deceased from 19 66 11 M. from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. IWW. E WI MY F Oct. 4-1966 DIRECTOR M.D. PAYSICIAN'S NAME (Type) ADDRESS director, p 8604 Harford Rd. Balto. Md. 21214 Howard Goodinan M.D. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF PREMOVAL (Specify) Dundalk, Maryland 21222 2 Christ Lutheran Oct-6-1966 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. 24. FUNERAL DIRECTOR JOHN J. DUDA, Dundalk, Maryland 21222 VR A15 (4) 15M 4-64



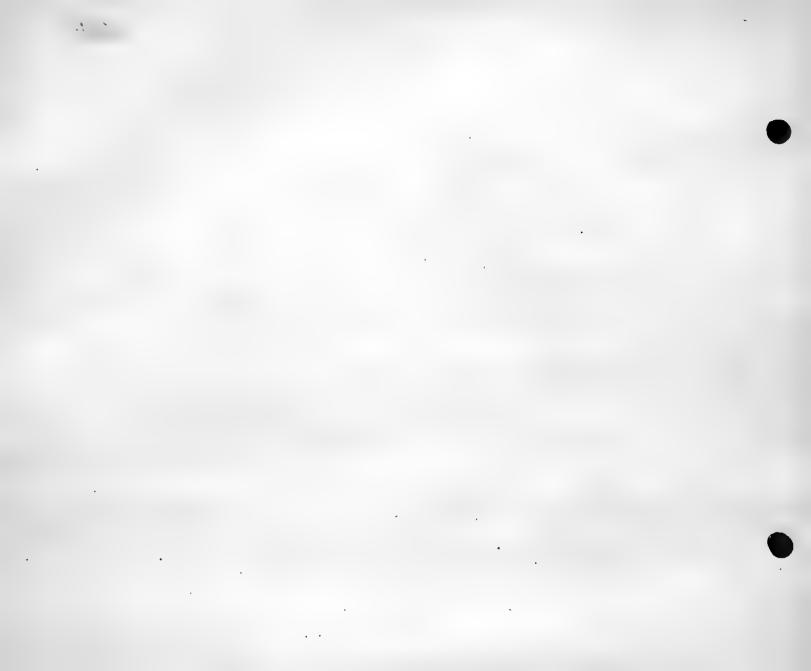
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY -MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? NO DU PHYSICIAN: The law requires that the death certificate be executed within NAME OF OECEASEO Year event, 1 Snlesky (Type or print) 1966 6. COLOR OR RACE | 7. MARRIEO AGE (In years | IFUNDER 1 YEAR) IF UNOFR 24 HRS EVER MARRIEO WIDOWED-DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done 10b. 11 BIRTHPLACE (County & State, or foreign country) KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INCUSTRY Maryland ousewife FATHER'S NAME George A. Cindie Murray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) (If yes give war or dates of service) 218-22-2516 Mr. Kenneth O. Solesky. 8125 Barksdale Rd. 18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. (c) 93 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? YES [ NO [ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 4-30 AM from the causes and on the date stated above. saw the deceased alive on b. and that death occurred at. 22a. SIGNATURE ATTENDING Page 4 may t M.O. DIRECTOR PHYS. PHYS. FUNERAL PHYSICIAN'S 22c. ADDRESS director, p 22d. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Moreland Memorial Cemetery Balto. Md. Burial 10/26/66 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE Leonard J. Ruck, Inc., Balto., Md. 21214 VR AL5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13899 CERTIFICATE OF DEATH 13266 requires that the deoth certificate be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Md. b. COUNTY Baltimore puo funeral PLACE OF DEATH cian and completely filled in by the funera ease remove carbon papers. Pages 1 on ond in any event, within 72 hours after dex o. COUNTY Baltimore MARYLAND c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson 21204b. CITY OR TOWN (If outside corporate limits, write RURAL prid give degrest town d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? # d. STREET ADDRESS 1014 Dulaney Valley Rd. Chesapeake Manor Nursing Home NO Margaret Elizabeth Spangler 3. NAME OF Lost 4 DATE 30, 1966 Doy Year DECEASED (Type or print) DEATH IF UNDER 24 HRS. S SEX 6. COLOR OR RACE IF LINDER 1 YEAR 7 MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years ROS birthdoy) Months 6-3-1913 Hours F. Cauc. WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT please during most of marking-life avending tired) INDESTRY COUNTRYD . S . A . Baltimore, Md. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Schlereth Ella R. Selby TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na or unknown) (If yes give wor or dates of service) George W. Spangler, Sr. Towson, Md. 21204 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line force), (b) and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o). DUE TO os the prior to stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO YES 횬 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. foctory, street, affice bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased from March 1, 1966, to Colored 1, 1966, that (1) (we) lost saw the deceased olive an October 29, 1966, and that death occurred at 4301 M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED MED DIRECTOR PHYS r, page 3 be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) director, should be 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify) 11-1-66 Dulaney Valley Timonium, Balto. Md. 25b. REGISTRAR'S SIGNATURE 24. FUNDAL DIGOOK-Brooks Towson **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1966 Towson, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY BALTIMORE MARYLAND Pages urs aft CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) G. LENGTH CF STAY IN 1b LANS DOWNE CATONSVILLE 03. <u>=</u> rbon papers. , within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? NOV YES emcuted within completely 3. NAME DE DATE Month Day Middle DECEASED SPRAGUE NANNIE Car event. DEATH 057 (Type or print) 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS SEX DATE OF BIRTH 9, remove last birthday) Months Days FEB. 12, 1882 in any and WIDOWED DIVORCED [ 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) ease during most of working life, even if retired) INDUSTRY COUNTRY? HO VSEK EELEK He ME removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RISDON NIND DAIL Address 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES transit permit. (Yes, no, or withown) (If yes give war or dates of service) LOWELLDENE the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ned by th ONSET AND DEATH PART I. DEATH WAS CAUSED BY: physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate 語と DUE TO cause (a), stating the underlying cause last. WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health use PERFORMED? certificate NO [ YES 🗔 CERTIFI 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part i or Part ii of Item 18.) detached for the Dept. of I (State) 20c. TIME DF INJURY Month, Day, Year i 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc. Ноиг а.т. While Not While at work p.m. at work 19.66 1 Clan 19 6 47 that (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: 6 1/2 and that death occurred at 31/2 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. ATTENDING PHYS. M.D. DIRECTOR PHYS. тау Da INSTITUTE. O FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS irector, phonology NAME (Type) plnous 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. 23a. BURIAL, CREMATION,, 23b. DATE THEREOF DEMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 20 M



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY 24 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) rbon papers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO 💢 YES etely NAME OF Middle DATE Day DECEASED OF event, 펺 (Type or print) compl DEATH 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. гетточе 7. MARRIED NEVER MARRIED Months Days any Hours leian and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY Ξ BIST HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease and in during most of working life, even If retired) COUNTRY? OUSC PHYSICIAN: The law requires that the death certificates FATHER'S NAME 14. remova ing ph Then ed by the attending transit permit. The cremation, or remo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address gr unkown) ( If yes give war or dates of service) been signed by the stransit price for to burial, cremation to burial, cremation CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which rise to immediate as the l DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY 19. for use Health CATI PERFORMED? certificate YES X NO [ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Enter nature of injury in Part ) or Part II of Item 18.) oţ etached Dept. of this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. While Not While retained by at work at work 0 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the 19**226.** that (I) (we) last and that death occurred at & 1966 A.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED þ lirector, page hould be filed ATTENDING STAFF PHYS. M.D. PHYS. Page 4 may O HOSPITAL FUNERAL 22¢. PHYSICIAN'S 22d. **ADDRESS** director should t NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. REMOVAL, (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR #15 (4) 20M 1/65



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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **	
. /	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13902	
Tong Trans	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND  2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. STATE Maryland / Fla. b. COUNTY Baltimore	1) /
s. Pages Anaurs after.	b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Catonsville  3 yrs.  Catonsville  Catonsville	7
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS Shady Nook Nursing Home  on a fak  Shady Nook Nursing Home  1002 N. Rolling Rd. Catons, Md. YES   N	ENCE RM2 NO X
	3. NAME OF First Middle Lost 4 DATE Month Doy Year OF OF DECEASED (Type or print) MARY BELLE STARR DEATH Oct. 18. 19	
ın any event, within 72	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (in years last higherholdy) North N	24 HRS. Min.
and in a	10a US. AL OCCUPATION (6've kind of work done during most of working the even if retired)  10b KIND OF BUSINESS OR  11 BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  COUNTRY?  U. S. A.	
	13. FATHER'S NAME  Milton Summerfield Starr  Hannah Margaret Longley	
permit. Meho	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. grunknown) (If yes give wor or dates of service) None II. INFORMANT Catonsville, Md <sup>Address</sup> 21228 None II. INFORMANT Catonsville, Md <sup>Address</sup> 21228 None II. INFORMANT Catonsville, Md <sup>Address</sup> 21228	aue_
signea by the atten burial-transit permit burial, crematian, ar	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO  INTERVAL BETW ONSET AND DE-	
	Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse DUE TO	
	Dost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMENT OF PER	PS V D ? NO <b>K</b>
7 6	PERFORMEI YES N  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	Hour a.m.  Pm. 19 While of work of work factory, street, affice bldg., etc.)	itate)
duid be the Sto	21. I certify that (I) (this hapital) attended the deceased from Avg. 22.1963 to 000 18, 1966, that (I) (we saw the deceased alive on 000 17 1966, and that death occurred at 0000 M, from couses and an the date stated	re) las obove
director, page 3 shauld be de should be filed with the State	220. SIGNATURE  ATTENDING  M.D. ATTENDING  DIRECTOR STAFF  10-30-66  22C. PHYSICIANS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS	28
ar, pa d be fi	NAME (Vpe) John A. Nesbitt Jr. M.D. 1009 Frederick Rd. Catonsville, Md.	
shoul	REMOVAL Goodfy) 10/20/1966 Methodist Cemetery Uniontown, Maryland	ate)
A15 (4) . K	24. FUNERAL DIRECTOR  ADDRESS  25. REC'D BY REGISTRAR 25.	yen

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death. and completely filled in by the funeral emove corbon parers. Pages 1 and 2 ony event, within 72 hours ofter death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY p. STATE **b.** COUNTY Baltimore Baltimore Marvland MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) 2yrs2hdys Cockeysville, Maryland Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Box 32 SPRING STATE HOSPITAL GROVE NO 1 YES Middle 3 NAME OF 4. DATE First Lost Month Dov Year DECEASED Harold Stevenson October (Type or print) DEATH 19 S SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR If UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Manths Doys Hours Dct. 30, 1907 whi.te WIDOWED DIVORCED male 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Maryland 13. FATHER'S NAME FAIR GROUNDS signed by the attending physici buriol-tronsit permit. Then plet 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removal Minnie C. Stevenson Harry IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war or dates of service) 219-05-9238 Records: SPRING G ROVE STATE HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Squamous cell carcinoma of the soft IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or ottending physician. DUE TO palate with massive adenopathy Conditions, if ony, which gave rise to immediate couse (a), DUF TO hos been s se as the b th prior to b stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X this certificote 20o. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) {County} (State) factory, street, affice bldg., etc.) Hour om Not While at work ot work O FUNERAL DIRECTOR: After Aug. 26 19 64 to Oct. 1/1 21. I certify that (I) (this haspital) attended the deceased fram. , 19.66, that (I) (3004 last M, fram causes and on the date stated above. Oct. 11 19 66, and that death accurred at\_ saw the deceased alive an\_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS Stella Wachsler 10-11:-66 M.D. DIRECTOR 22d. ADDRESS GRO VE STATE HOSPILVA 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Baltimore Maryland 21228 director, g 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b DATE THEREOF (County) (State) 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  $c_l$ 13961 CERTIFICATE OF DEATH the ottending physican and completely filled in by the funeral sit permit. Then please femore corbon popers. Pages 1 and 27 nation, or removel, and the ony event, within 72 hours after death. requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND CAlvert b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
Catonsville c. LENGTH OF STAY IN 16 c. CFTY OR TOWN (If autside corparate limits, write RURAL and give nearest town) vr 12days South Chesapeake Beach, Md. d STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STATE HOSPITAL 330 S. Newkirk Avenue SPRING GROVE YES 🗔 NO 4 DATE 3. NAME OF Middle First Last Day Year DECEASED Alice Stone (Type or print) DEATH October IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE ( n years 7 MARRIED NEVER MARRIED last birthday) Months Dovs Hours WIDOWED TO DIVORCED June 20, 1892 white female 10o LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME хххххххх Gertrude Yarnel WXXXXX William J. Foringer 16. SOCIAL SECURITY NO. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, ar unknown) [(If yes give wor or dates of service) 219-54-3439 Records: SPRING GROVE STATE IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.

ACUITA INVOCA INTERVAL BETWEEN buriol-transit p burial, crematic ONSET AND DEATH Acute myocardial infarction signed by 1 IMMEDIATE CAUSE (a) Arteriosclerotic heart disease DHE TO Severe, generalized arteriosclerosis Conditions, if ony, which gove rise to immediate cause (a), DUE TO Foge 4 may be retained by the hospital or attending Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the stating the underlying cause os the prior to last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? detached for use te Dept, of Heolth YES [ NO [ 20o ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, affice blda., etc.) at work at work 21. I certify that (K (this haspital) attended the deceased from Dept. 21. , 19\_13\_ to Oct . 19 , 1966 , that (I) (wast last 1966, and that death accurred at 2:40 M, fram causes and on the date stated above. saw the deceased alive an Oct. 19. 22b. DATE SIGNED 22o, SIGNATURE **ATTENDING** STAFF PHYS 10-19-66 PHYS. DIRECTOR director, poge should be filed 22d ADDRESSSPRING GROV E STATE HOSP TVA 22c. PHYSICIAN'S NAME (Type) Allen Lane, M.D. Baltimore. Maryland 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a BURIAL CREMATION. BURIAL (Specify) Venago Co., Pennsylvania Franklin Cemetery 10-22-66 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) Milanten Howard H. Hubbard, 4107 Wilkens Avenue, 21229 20 M 1/66

page 3 shauld b

15M 9/59

Board

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, A

CERTIFICATE OF DEATH

13905

2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) 1 PLACE OF DEATH o. COUNTY Baltimo re b. COUNTY MARYLAND Bailtimone. Maruland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) e. 15 RESIDENCE d NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS
34 Rodgers Forge Road ON A FARM? OR INSTITUTION YES T NO NAME OF 4. DATE Middle Month Year Lost DECEASED DEATH 19 66 (Type or print) Frederick Henry Strohecker IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 5. SEX MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy) Months WIDOWED [7] 12, CITIZEN OF WHAT COUNTRY? 10g USUAL OCCUPATION (Give kind of work dane) 10b KIND OF BUSINESS OR INDUSTRY 111 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Baltimore, Maruland Purchasino. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mollie Sche IN U. S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. Yes INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF !NJURY (Hame, form, 20f. (City or town) (State) 20d. INJURY OCCURRED (County) Day, Year factory, street, office bldg., etc.) Hour o. m. While Not while at wark at wark p. m. 1966, that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram.\_\_ and that death accurred at \$250M, from the causes and an the date stated above. saw the deceased alive an 22o SIGNATURE 22b DATE SIGNE ATTENDING MED. DIRECTOR M.D. PHYS. 22c PHYSICIAN'S 22d. ADDRESS 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d ŁOCATION (City, town, or county) 230, BUR AL, CREMATION, (State) REMOVAL (Specify) athedral emeteru 256, REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR **ADDRESS** DATE 18

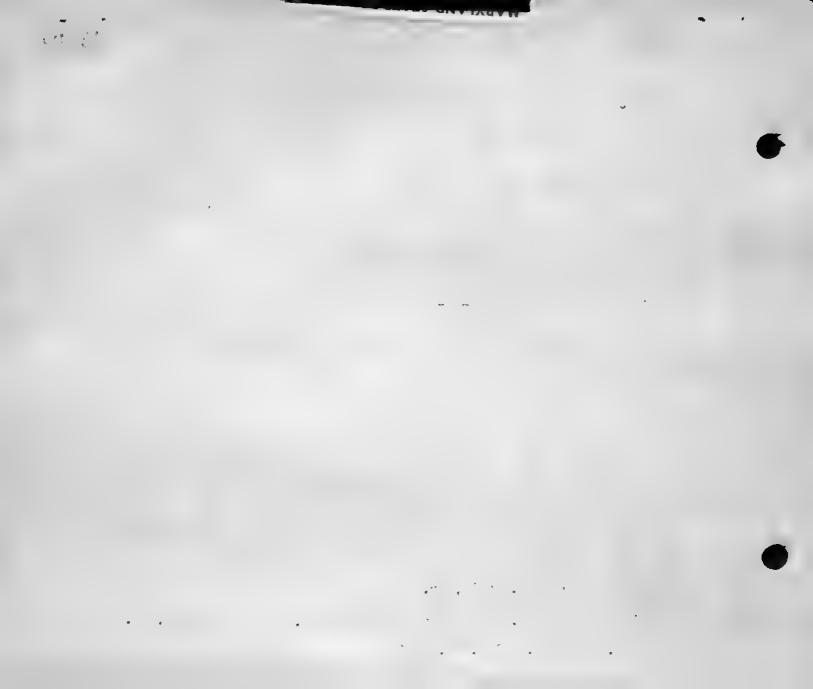
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13963 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT: PLACE OF DEATH

o COUNTY BALTIMORE USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) · STATE MAQUE AND 6 COUNTY 5 death MARYLAND Deportment b CITY OR TOWN (If aut (CATONSVILLE) € LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de carparate limits, write RURA, and give nearest town) BALTIMORE BALTIMORE 21222 2 BOI KELMO d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital give street oddress) hours ING GROVE STATE NO F 3. NAME OF DECEASED Month OCTOBER (Type or print) DEATH AGE (In veors 7 MARRIED \_lost terthdoy) Haurs 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR during most of working life, every retired PEN WSYLVANIA 14. MOTHER'S MAIDEN NAME Rosalia Schoenwalder pencil 13 FATHER'S NAME be executed within Sullivan Sr. Eugene 17. INFORMANT IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO removal TB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Ы IMMEDIATE CAUSE (o) certificate should crematian, DUE TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO storing the underlying couse WAS AUTOPS) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? SCHIZOPHRENIC REACTION 12-LCOHOLES W NO D 200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) should its designated agent, prior CAUSE OF DEATH 20d INJRY OCCURRED 20e PLACE OF INJURY (Home, form, ((ity or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge 1966 ot work of work 21 | certify that I took charge of the remains described above, held an Autopsy Inspection S and in my apinion death resulted from: Notural couses Undefermined monfier the funeral director. Accident Suicide 🖂 Homicide CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER SIGNATURE A & S DEPUTY MEDICAL EXAMINER Heolth or Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City of Town) BURIAL CREMATION, Oct=21-1966 Baltimore National Frederick Rd. Baltimore. Md. ADDRESS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR JOHN J. DUDA, Dundalk, Maryland 21222 VR ATSME (5) 1966

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH RESTON STREET, BALTIMORE 1, MARYLA TO FOR STAI MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution, Residence before edmission) b. COUNTY MARYLAND b. CITY OR TOWN (if young cornorate limits. c. LENGTH OF STAY IN 16 Auda corporata limits, write RURAL and give negrest town) a. IS RESIDENCE ON A FARM YES T NO 3. NAME OF DECEASED (Type or print) DEATH 5. SEX AGE (In years ) IF UNDER 1 YEAR NEVER MARRIED lest birthday) Hours , WIDOWED DE D. VORCED [ 66. 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. EATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unkgivn) | (If yes giva war or detes of service) 18. CAUSE OF DEATH [Enter only one cause partine for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ナナスス DUE TO Conditions, if any, which " gave rise to immediata cause DUE TO (a), stating the undarlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO BEATHBUTINOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMEDI 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of riem 18.) CAUSE OF DEATH 20c TIME OF INTURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) Month, Day, Year factory, street, office bidg -etc.) Hour e.m. at work - St work 19 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection N and in my opinion death resulted from. Acdident [ Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Frank T. Kasik Jr. NAME (Type) Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) Baltimore, Md. Moreland Memorial Cem. \_g 40 ₽ ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Leonard J. Ruck Inc. Balto. Md. 21214 5M 7/59



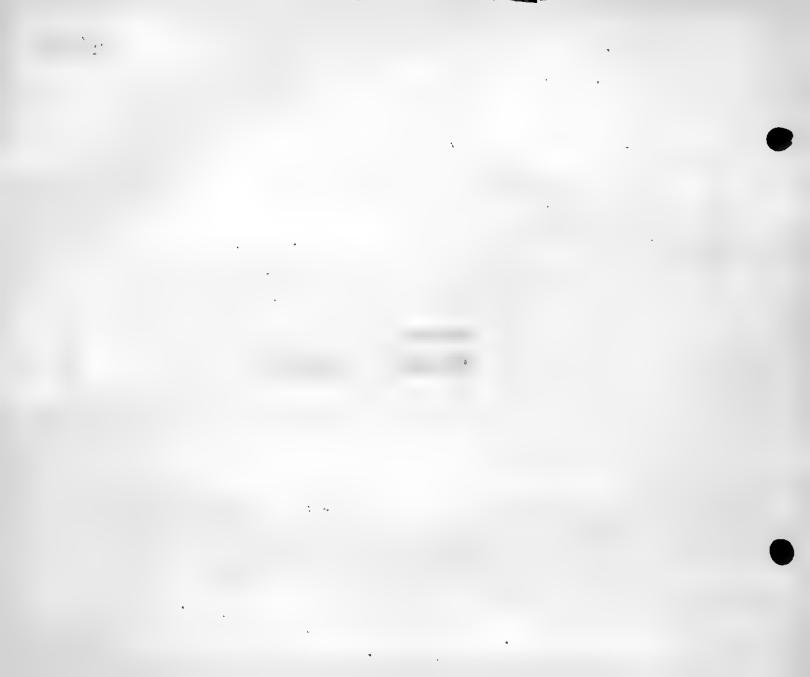
1	Division of STATISTICAL R	MARYLAND STATE DEPART ESEARCH AND RECORDS, 301 W.	TMENT OF HEALTH PRESTON STREET, BALTIMORE, MARY	LAND 21201
. (24)	13965	CERTIFICATE OF	F DEATH	13908
frer death	b. City OR TOWN (If outside corporate limits,	MARYLAND 0.	SUAL RESIDENCE (Where deceased lived, if institute in STATE b. COL	21208
ne executed within 24 haurs after and completely filled in by the fur remove carban papers. Pages 1 in any event, within 72 haurs after	write RURAL and give nearest town)  Baltimore  d. NAME OF HOSPITAL OR NSTITUTION (IF not in hosp		Baltimore  TREET ADDRESS	a l e. IS RESIDENCE
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h certing phe Then Then	Abraham Weinstein 15. WAS DECEASED EVER IN U.S ARMED FORCES?	16. SOCIAL SECURITY NO. 17 INFORM	Esther ?	ress
e deat attend permit. an, or i	(Yes, no, or unknown) (If yes give wor or dotes of service)  18. CAUSE OF DEATH (Enter on y one couse per lin	212-28-0740A Nrs.	Beatrice Yoffe, 806 H	opervood Road #8
equires that th physician. signed by the burial-transit p	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6)  DUE TO	Mycraedice DE HD	Infaction	ONSET AND DEATH
<b>O HOSPITAL OR ATTENDING PHYSICIAN:</b> The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physician. <b>O FUNERAL DIRECTOR:</b> After this certificate has been signed by the attending physician and campletely filled in by the fu director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages I shauld be filed with the State Dept. at Health priar to burial, crematian, or remarkly equal in any event, within 72 haurs after	conditions, if ony, which gove isse to immediate couse (o), stoting the underlying couse (c) (c)	17 > 17 L		
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rsician ospital certifical hed for	OR CONTRIBUTING CAUSE OF DEATH	·	noture of injury in Port I or Port II of item 18.)	
NG PHY y the h er this e detac	Hour o.m 19 c	While Not While foctory, stre	INJURY (Home, form, eet, office bldg., etc.)	(County) (Stote)
TTENDI Ained book: Aft OR: Aft	21. I certify that (I) (this haspital) a saw the deceased alive on	ittended the deceased fram	th accurred at STM, fram causes	and an the date stated above.
	220. SIGNATURE From E-	2	TTENDING MED. STAFF PHYS. C	22b. DATE SIGNED / 66
ro Hospital Page 4 may ro Funeral director, pag shauld be fil	NAME (Type) CFCN E /.  230. BURIA., CREMATION, 23b. DATE THEREOF	A SSZL, ALD.		own) (County) (Stote)
===	REMOVAL (Specify) BUTLAL 10/31/66  24. FUNERAL DIRECTOR	Workmen Circle ADDRESS	e Baltimore	
VR A15 (4) 20 M 1/66	Sol Levinson & Bros Inc	. 6010 Reisterstour	DATE NOV 3 1966	marles Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13986 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) · Baltimore P.M3. Page b COUNTY timone σĘ within 72 haurs after death. MARYLAND Department b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If guitside corporate limits, write RURAL and give negrest town) The RURAL and give nearest tawn) lowsore d NAME OF HOSPITAL OR INSTITUTION (EL not in hospita, give street address) d STREET ADDRESS e. IS RESIDENCE 506 Yarmouth Road armouth **Give Pages** YES NO Item 18. Give Page Office alang with for after death 3 NAME OF 4 DATE Year DECEASED OF DEATH 1966 Rose erru (Type or print) S SEX AGE (In years 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED birthday) Months 8-10-1870 Dovs Hours W DOWED 24 haurs event 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working the, even if retired) INDUSTRY . 9 Examiner's pencil 13. FATHER S NAME This certificate should be executed within linda Spangler .= 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar wknown) (If yes give war ar dates of service permi remaya )ame 18. CAUSE OF DEATH (Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY ы IMMEDIATE CAUSE (a) e, writing the ward forwarded to the Ch crematian, 442 X DUE TO Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying couse o burial, a last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(b) WAS ALTOPSY PERFORMED? NO the certificate. 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part I af item 18) its designated agent, priar 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page please execute at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1-1 Inquiry and in my apinion he funeral directar. death resulted from. Natural couses 🖳 Accident Surcide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22/DATE SIGNED SIGNATURE TO DEPUTY may be 5 necessary, DEPUTY MEDICAL EXAMINER EXAMINER'S Health Charles 0'Donnell NAME (Type Address (Street, city, town, or county) BURIAL, CREMATION. 23b DATE THEREOF 23d LOCATION (City or Tawn) 0 ireenmount emeteru 24 FUNERAL DIRECTOR VR A15ME (5) Ruck Inc. Balto. Md. 6M 1/66



-	. 1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	4 521			13967 CERTIFICATE OF DEATH	
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	24 hours after death filled in by the forgeral apers. Pages 1 and 2	n' ∃		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	n)
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		<u>}</u> €		CREDIER BATTO Medical Center Big FAILS KOACH YES NO D	
	requirem that the math certificate be executed within 24 ho ding physician. been signed by the attending physician and completely filled the burial transit permit. Then please remove carbon papers.	Ĭ	Э.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF Print) MARShall Wim Thomas Co DEATH Out 29 1966	_
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	icate b∎ e physician n please r	-S - E/ -	13.	A AIN TENANCE DIECRAFT INC BALLYONG MARY COME USD. FATHER'S NAME	
	attending phermit. Then		6	John Thomas MAMIE Johnson	
	h ce tend nit.		15 (Yı	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  s, no, or unknown) [(If yes give war or dates of service)]	
	The attent	)		2/8-12-2399 WIFE MONKTON BALLOC MO.  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	NÎ.
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	ren that physician signed b urial-tran	e S		IMMEDIATE CAUSE (a) LINENT! (CAU	
	phy phy buri	5		Conditions, If any, which by PULMONARY TOBEROUCOSIS 6 MCS.	_
	lam requirem that Instending physician, has been signed by a st the burial-tran	E .		cause (a), stating the DUE TO underlying cause last.	
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		Dept. or	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	THY ICLE the hospi this cert detached	di n	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County)   Hour a m	_
	ber ber	State	MED	p.m. 19 at work at work	_
	ATTEMBINA retained b CCTOR: Aft should b	116		21. I certify that W (this hospital) attended the deceased from 227, 1966, to 29, 1966, that it) (we) lass with deceased alive on 21, 1966, and that death occurred at 752M, from the causes and on the date stated about	ast
	reta reta 3 sh	<b>=</b>		22a. SIGNATURE / O O A D DOO 12b. DATE SIGNED	VC.
	ITAL OR MAY be TAL DIRE	iled iled		ATTENDING MED. DIRECTOR STAFF 29 0466	_
	E 4 票 9	D /		NAME (Type) T. C. Cullis GREATER BALTIMONE Medical Con	
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	VR A15 (4)		1/	In. I. Chatman / - 1291 M. Culloh St. DATE NOV I 1956 Icharles Quesas	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13968 requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) / o. COUNTY o. STATE **b** COUNTY BALTIMORE MARYLAND Washington MARYLAND and in any event, within 72 hours after c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
TOWSON 15 Months Keedvsville completely filled in papers d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? ARMACOST NURSING HOME YES NO TE 3. NAME OF Middle 4 DATE OF First Lost Month Day Year remave carban DECEASED THOMAS 11, DEATH OCT. MYRTIE 1966 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED ast brihday) Months Days Hours May 6, 1869 X WIDOWED DIVORCED FEMALE WHITE puo 100 LSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A. attending physician of sermit. Then please during most of working life, even if retired) INDUSTRY Rural Keedysville, Md. Housewife Own Home 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, crematian, ar remoyal Aaron F. Baker E. Annie Hess Pittsburgh, Pa. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates af service) 220-44-4364 Paul B. Thomas. Jr. 165 Thornberry Dr. No . INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) ONSET AND DEATH **burial-transit** PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. 4500 DUE TO Conditions, if any, which gave (b) rise to immediate cause (o), DUE TO stating the underlying cause **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health prior ta lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. Not While factory, street, affice blda., etc.) at wark ot wark 21. I certify that (I) (this haspital) attended the deceased fram. , 19\_\_\_, that (I) (we) last 61119-. 196 C. to 19 66, and that death accurred at ABPM, fram causes and an the date stated above saw the deceased alive an 22b. DATE &IGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** M.D. DIRECTOR PHYS 22d. ADDRESS 22t. PHYS!CIAN'S FRANCIS W. GLUCK 100 W. UNIVERSITY PARKWAY NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION (County) (Stote) REBUR (Activ) 10-14-66 Boonsboro Maryland Boonsboro Cemetery 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro Md DATE OC

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) OW SON ad days LTMORE = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 BALTINGEE MEDICAL GENTER 825W. CROSS event, within NO -CHARLES STREET YES letely carbon 3. NAME OF Day Middle 4. DATE Month DECEASED OUT, EVELYN THOMPSON (Type or print) THELMA ÖEATH 19 66 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH S 7. MARRIED NEVER MARRIED and t WIDOWED DIVORCED S 1Da. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT sician lease r and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or loreign country) INDUSTRY during most of working life, even if retired) **COUNTRY?** FATHER'S NAME death certificate 200 わ のひとどり been signed by the attend the burial-transit permit. It to burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) HISTOR 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th prior 1 underlying cause last. CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate YES NO. 2Da, ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached f te Dept. of OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De. PLACE OF INJURY (Home, farm, (State) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After Id be c at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from DCC. 13 M. 1966 to UCC+ 1 .19. 66. and that death occurred at 5.09M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. 10 00 ATTENDING M.D. PHYS. DIRECTOR HOSPITAL 22d\_ ADDRESS FUNERAL 22c. PHYSICIAN'S director, p NAME (Type) (State) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. 23b. REMOVAL (Specify) FUNERAL DIRECTOR ADDRES8 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M 1/65

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and 2 should death.	1.	PLACE OF DEATH  COUNTY  Baltimore  CITY OR TOWN (if outside corporate limits,	MARYLAND	• sMaryla	nd	b. COUNTY Balto.	•
		write RURAL and give nearest town) Woodlawn	c. LENGTH OF STAY IN 16	Woodlaw	n	limits, write RURAL and	give nearest lov
		6415 Kriel Ave. Bal	of in hospital, give streat address)	6415 Kr		alto 7, Md.	e. IS R ON YES
	3.	NAME OF First DECEASED (Type or print) Sallie	Middle M.	Timanus	4. DATE OF DEATH	Month Oct.	Dey Yes
		female white w	MARRIED NEVER MARRIED VIDOWED DIVORCED	8. DATE OF BIRTH April 11.	tesl	birthday)  Bl yrs	
	de	. USUAL OCCUPATION (Give kind of work during most of working life, even if refired)  Machine Operator	hat manufacturin				ZEN OF WHAT
	13	Kinsey Petticord		Rebecca	N NAME		
	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES s, no, or unkown)   (If yesgive war or detes of sarvi		INFORMANT S Mildred En	ngel 6/15 1	Address Kriel Ave	Balto 7
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		21. I certify that (I) (this hospital) saw the deceased alive on		death occurred at		causes and on th	C.C., that (I) e date stated
	1	224 SIGNATURE	0115	ATTENDING.	MED S	TAFF	2:
		22c. PHYSICIAN'S NAME (Type) Thomas G. Ab		A.D. PHYS, 22d, ADDRESS		HYS. []	10/17

MARYLARU STATE DEPARTMENT OF HEALTH

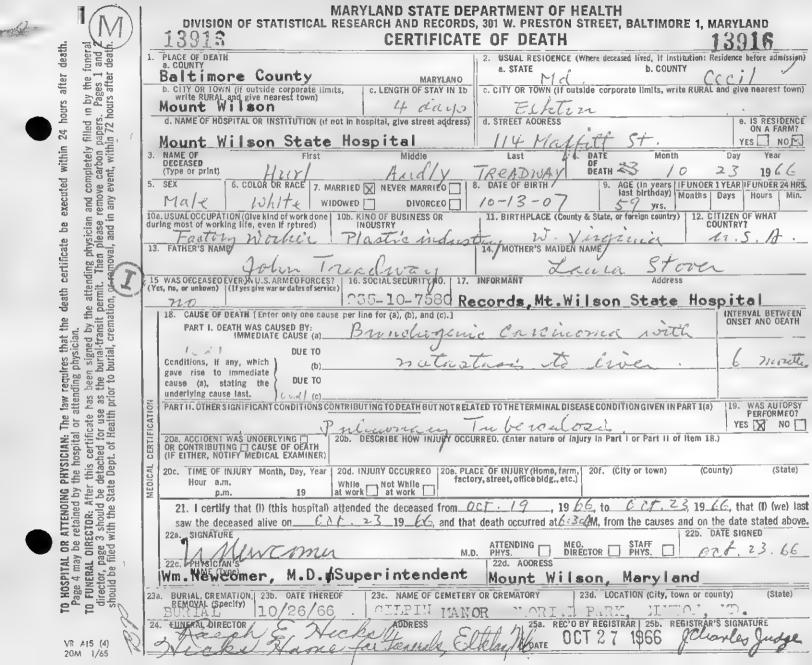


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J. J. Committee of the	Divi	sion of STATISTICA	L RESEARCH	RECORDS	, 301 W. PREST	ON STREET,	BALTIMORE 1,	MARYLAN	D
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& # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7809	OLD HARI	if not in hospital, give s	treet eddress)	780400	DILA	PEOPL		RESIDENCE A FARM?
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るがんのモ	De. USUAL OCC	UPATION (Give kind of work of working life, even if retire	10b, KIND OF BUS	INESS OR INDUSTR	Y 11. BIRTHPLACE (State	e or foreign equatry		ITIZEN OF WHAT	COUNTRY?
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<u>≨</u> ∞.o=		ED EVER IN U.S. ARMED FOR vn)   (Ifyesgive werordetesofs		CURITY NO. 17, I		. 1	Address *		
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		AL CAUSE WAS or CONTRIBUTING	206. DESCRIBE HOW IN	NJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of it	em 18.)		
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	20c. TIME O		er   20d, INJURY OCC   WhileNot W		CE OF INJURY (Home, far cry, streat, office bldg., at		town) (Co	ounty)	(State)
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6g46 <sub>∓</sub>	Burial	10/15/66		and Memor		Balto	Md.		
f°.	3. FUNERAL DIE		ADDRI		24u. RE	C'D BY REGISTRAR	1966 REGISTRAR'S	SIGNATURE	de
VR ATSME	Leonard	J. Ruck, Inc.,	,5305 Harfo	rd Road	DATE	001 79	1000	U	

PATENTE DEPARTMENT

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Md. Balto. Baltimore MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown Reisterstown .드 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS 6. IS RESIDENCE ON A FARM? Lul Main Street carbon pap ent, within LLL Main Street YES NO X etely 3. NAME DE First Middle Last DATE Month Day Year DECEASED MacDonald 19 66 J. October Tracey comple (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIEO-5. SFX OATE OF BIRTH AGE (In years I IF UNOER 1 YEAR IF UNDER 24 HRS. NEVER MARRIEO [ last birthday) Months I Male White Aug. 10. 1889 WIDOWED | OIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) physician n please r val, and in 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be INOUSTRY COUNTRY? Retired Hotel Clerk Balto. Co. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending preremova Jarrett Tracev Elizabeth Duce 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) I (If we give war or dates of service) signed by the atto ourial-transit permi ourial, cremation, c Mrs. Ruth E. Tracey Reisterstown, Md. No 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: NG PHYSICIAN: The law requires that the by the hospital or attending physician. Coronary Thrombosis IMMEDIATE CAUSE (a). OUE TO Cenditions, If ony, which Arteriosclerotic C.V. Disease vear: gave rise to immediate OUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO TX YES T 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from December 61 to Oct 2 1966 that (I) (we) last ECTOR: 3 should with the saw the deceased alive on Sept 1.1 1966 and that death occurred at APPMrom the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNED ATTENDING PHYS. MED. OIRECTOR 10-3-66 M.D. Page 4 may PHYSICIAN'S ACORESS 22d. director, p should be 1 NAME (Type) Martin E. Strobel, M.D. Ь8 Main St.Reisterstown, Md. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 1966 Baltimore Md. Loudon Park Cemetery Burial Oct. 24. FUNERAL OIRECTOR AOORESS 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Reisterstown, Md. F. Eline & Sons VR AIS (4) 20M 1/65







Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13917 CERTIFICATE OF DEATH 13014 Magnificate be executed within 24 hours after death the funeral 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH p. COUNTY o. STATE b. COUNTY burial-transit permit. Then please remave carbon gapers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after MARYLAND Md. Baltimore filled in by the way CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest tawn) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21218 Baltimore Baltimore e IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Josephs Hospital No D 1635 Argonne Drive 3. NAME OF Middle 4. DATE First Lost Dov Year DECEASED 66 Trociuk October 19 (Type or print) Sophia DEATH 8 DATE OF BIRTH FUNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE AGE (In years 7 MARRIED **NEVER MARRIED** lost, birthdoy) Dovs Hours Jan.8. 1920 WIDOWED DIVORCED ond 10n US., AL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if settred) COUNTRY? INDUSTRY physician RYLAND Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physical property of the property of WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 35 ARGONNE 1 NTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Hepatic Coma IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Broncho- Pneumonia Conditions, if any, which gove rise to immediate couse (o). DUE TO stating the underlying couse prior to has been use as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? with the State Dept. of Health NO I r this certificate had detached far use 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While While ot work ot work O FUNERAL DIRECTOR: After Oct. 3, 19 66that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. Samt 16 , 19 66 , ta 19 66, and that death accurred at 8.25M, fram causes and an the date stated above saw the deceased alive an Oct. 3 22b. DATE SIGNED 22a. SIGNATURE Oct. 3.1966 director, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Road Singzon Jaime 23G NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) (County) BUR AL CREMATION, EMETERY OSARY 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 STREET DATE A

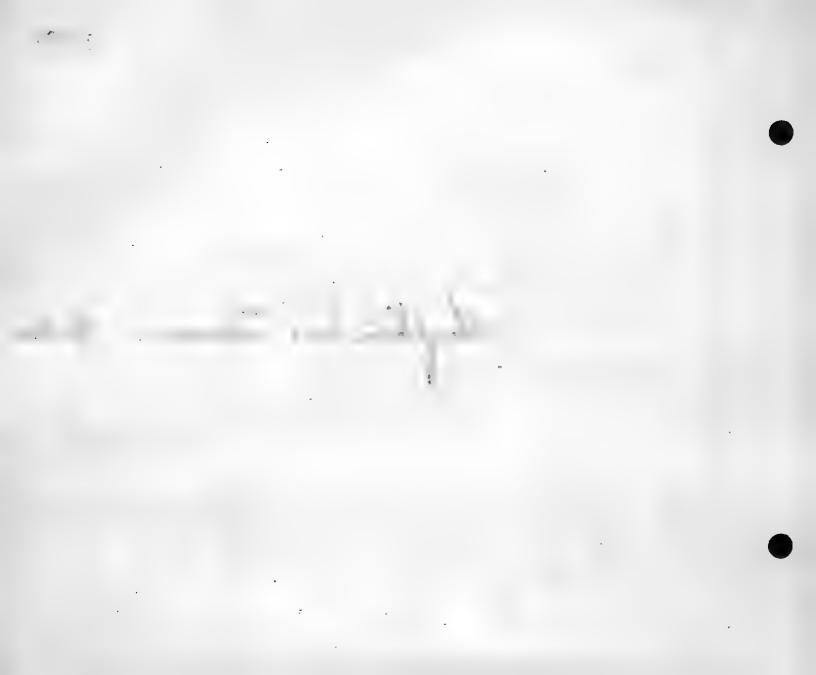
MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the deat certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) filled in by the funeral papers. Pages 1 and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Baltimore MARYLAND C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Parkton 21120 d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Joseph Hospital YES NO D event, within 4. DATE signed by the attending physician and campletely theirial-transit permit. Their blease remave carbon 3 NAME OF Day First Last Year DECEASED (Type or print) October 19 66 Frankli Murnbaugh Charles DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Hours Male White 4-23-92 WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 10a, USUAL OCCUPATION (Give kind of work done during mon of working life, even if retired) Sparks, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, 16 SOCIAL SECOPITY INFORMAN' WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no opt pknown) (If yes give wor or dates of service cremation, CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Peritonitis IMMEDIATE CAUSE (o) the haspital or attending physician. DUE TO Conditions, if ony, which gave Liver Abscess rise to immediate cause (o), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the use as the Retro-peritoneal abscess last. WAS A TOPSY PERFORMED? PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) od far use af Health p NO K 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at work ot wark 21. I certify that (I) (this haspital) attended the deceased from Sept. 20 , 19 66 , to Oct. 8 , 19 66, that (I) (we) last Page 4 may be retained saw the deceased alive an Oct. 8 1966, and that death accurred at 1:10 M, from causes and an the date stated above. 22b. DATE SIGNED Oct. 8,1966 226 MGNAJURE MED. DIRECTOR ATTENDING M.D. director, page 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S Antonio Razo NAME (Type) York Road, Towson, Md. 21204 NAME OF CEMETERY OR CREMMTORY (Stote) 2Sa. RECD BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE OC 1936

MARYLAND STATE DEPARTMENT OF HEALTH

1 /	NA	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
= = N	IVI	13915 CERTIFICATE OF DEATH		
24 hours after death. filled in by the funeral apers. Pages 1 and 2	death	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, 45 Institution; Residence before admission)		
ter the first silver	fter	Battimore Maryland Maryland Connectrunded		
s af	rsa	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		
hour d in	뢷	d. NAME OF HOSPITAL OR, INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS (e. is residence		
	thin 72	Rosewood State Hospital 118 Southway YES NO 1		
withi pletel	at, wil	3. NAME OF DECEASED (Type or print)  DOUGLAS SAMUEL TURNER DEATH Oct. 16 1966		
executed within 24 hours after an and completely filled in by the ferenove carbon papers. Pages 1	ly eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months   Days   Hours   Min.		
e exe	In ar	7 yrs,		
ate be hysician piesse	₽\	- / Une 1 - 1/one Dethesda Hosp, Cincination u. 8.		
ing pt	흥/	Howard Turner Helen Mayer		
death certi he attending permit. Th	07 TO	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address		
e dea the a	tion	18. CAUSE OF DEATH [Enter only one cause per one for (a) (b) and (c).]		
- SO SO	crem	18. CAUSE OF DEATH [Enter only one cause per fine for (a) (b) and (g. 1)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  INC. CAUSE OF DEATH [Enter only one cause per fine for (a) (b) and (g. 1)  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)		
law requires that tattending physician. Has been signed by as the burial-tran	ırjal,	Conditions, if any, which		
quiro ng p een	후	gave rise to immediate cause (a), stating the DUE TO		
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	<b>∄</b>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?   YES   NO     20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
CIAN: The ospital or a certificate hed for use	f He	YES NO SOURCED. (Enter nature of Injury In Part I or Part II of Item 18.)		
PHYS the h this detacl	e De	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County) (State)		
DING PH ed by th After tl	6/3			
ATTENDIN retained t ECTOR: Aft	ā l	21. I certify that (1) (this hospital) attended the deceased from 50. 5, 1966, to 00. 16, 1966, that (1) (we) last saw the deceased alive on 10. 16. 1966, and that death occurred at 1. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
	with	22a. SIGNATURE (22b. DATE SIGNED		
	ille (	22c. PHYSICIAN'S DIRECTOR PHYS. 1		
TO HOSPITAL Page 4 may TO FUNERAL director, pa	should be filed v	NAME (Type) HARRY J. BINTEN KOSEWEDD STATE HOP		
TO HOS Page TO FUN direct	sho	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ON CREMATORY 23d. COCAMON (City, town or county) (State)		
	8	28 FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 250. REGISTRAR'S SIGNATURE		
VR AI5 (4) 20M 1/65		Larrangement um - Severa by pare OCT 19 1966 Journes Junge		
20	2000	* KBEPT S. BARRANCO.		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death funera and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Pages the MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b þ hours ATONSUILLE BALTIMORE .≡ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 307 MARTINGALE AL within NURSING HOME NO X completely over carbon p The law requires that the death certificate be executed within NAME DE Month Day DECEASED DF DEATH BOROTH VAETH OCT (Type or print) 19 5. SEX 6. COLOR DR RACE DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last blythday) Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED DIVORCED WIDOWED 10a. USUAL DCCUPATION (Give kind of work done I physician please year, and in-10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 410176 MOUSENEEDER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova GEORDE QATHERINE 15. WAS DECEASED EVER IN U.S. ARMED FORCES **INFORMANT** Address 16. SDC IAL SECURITY ND. 17. (Yes, no, or unkown) (If yes give war or dates of service) rial trans t perm lenge CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: e Rioscle Rotic ) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. signed been s. Te buria, buria Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? ND DO YES DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) 2Da. ACCIDENT WAS UNDERLYING [ hed t OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) MEDICAL (State) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While D.M. at work at work Jak 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the and that death occurred at 12 2M, from the causes and on the date stated above. saw the deceased alive on 22a. STUNATURE DATE SIGNED page STAFF DIRECTOR O HOSPITAL FUNERAL ADDRESS 22c. PHYSICIAN' director, p should be 1 NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL CREMATION. REMOVAL (Specify) nun FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH L PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If institution, Residence before edmiss on) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN ('f outs de corporate limits, c. CITY OR TOWN (if outside corporate I mits, write RJRAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (IF not In hospital, give street eddress) IS RESIDENCE ON A FARM? 3 NAME OF Middle DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 9. AGE (In years HE UNDER 1 YEAR) IF LINDER 24 HRS. 8. DATE OF BIRTH lest birthdey) Months Days WIDOWED V 10e. USUAL OCCUPATION (Give and of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House 13. FATHER'S NAME 15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordeles ofservice) 18. CAUSE OF DEATH [Enter only one cause ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAJSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITAL 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 1 2Dd, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df, (City or lown) factory, street, office bldg., etc.) Not White While el work al work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40 24a, REC'D BY REGISTRAR | 24b. REGISTRAR'S 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAG CERTIFICATE OF DEATH funeral and 2 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY by the Pages 1 the n a. STATE b. COUNTY Baltimore MARYI AND Maryland Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) oon papers. Pag within 72 hours TOURSON Towson .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Towson Convalescent Home 1800 Glen Ridge Road NOISC YES executed within completely carbon NAME OF First Middle Lest DATE Month Day Year DECEASED (Type or print) ĎĚATH William Oliver Van Horn Oct. 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. emove 7. MARRIED NEVER MARRIED pue any Male White WIDOWED DIVORCED [ October 1572 attending physician are ermit. Then, please re-on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? School Teacher Balto. City Marykand USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Bayard Van Horn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Jenny Riley 16, SOCIAL SECURITY NO. 17. INFORMANT permit. Address (Yes, no, or unkown) ((If yes give war or dates of service) cremation, 1800 Glen Ridge Road Mrs. Helen V. Scott been signed by the the burial-transit prior to burial, cremati 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that to Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health After this certificat PERFORMED? NO T YES 20a, ACCIDENT WAS UNDERLYING [7] DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached f te Dept. of I OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While be o at work at work p.m. J FUNERAL DIRECTOR: Aft director, page 3 should b should be filed with the St 196/ to 2/13 21. I certify that (I) (this hospital) attended the deceased from 16 19 ≤ € that (I) (we) last saw the deceased alive on and that death occurred at \_M, from the causes and on the date stated above. 22a-SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYSICIAN'S director, p should be 22¢. 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. REMOVAL (Specify) Burial Lorraine Park Cemeterv Ballimore Co 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 25b. Funeral Burgee Hone 3631 Fal .bs/noad VR A15 (4) 2DM 1/65

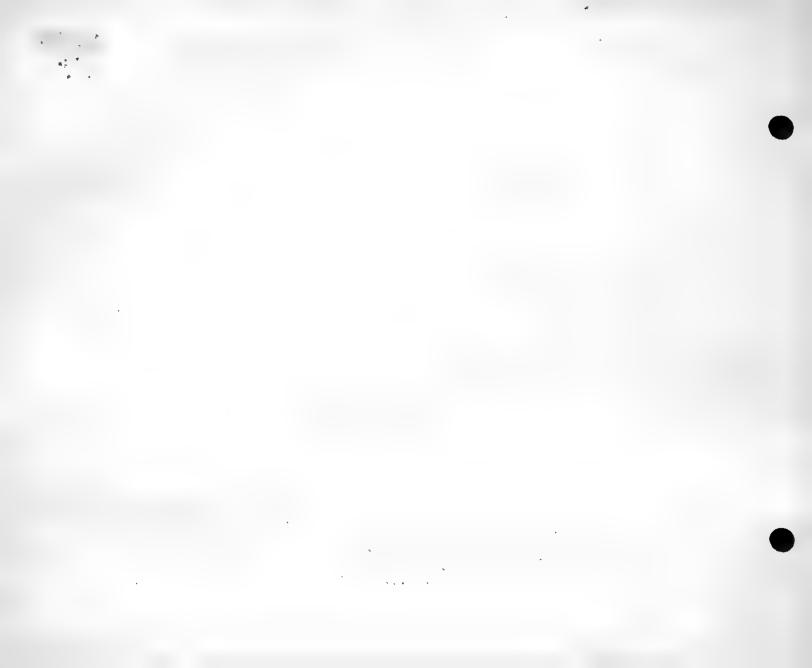


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH funemal and 2 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE b. COUNTY Pages 1 Baltimore Maryland MARYLAND Baltimore Pages urs aft b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours write RURAL and give nearest town) Towson .⊑ Towson stely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS 8. IS RESIDENCE 24 ON A FARM? Breezewick Road NO V Breezewick Road YES completely to executed within NAME OF First Middle Last DATE Month Day OECEASED OF remove carb any event, (Type or print) Elvira DEATH Veneziano October 5. SEX 6. COLOR OR RACE 7. MARRIED 8. OATE OF BIRTH 9. AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. NEVER MARRIED and WIOOWEO T famale DIVORCED [ March attending physician aremit. Then please recon, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) INDUSTRY COUNTRY? housewife certificate Ttalv IISA 13. FATHER'S NAME MOTHER'S MAIDEN NAME Salvatore Cocilovo Josephine Mascar 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address has been signed by the attents as the burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) The faw requires that the death Violet M. Collins 912 Breezewick CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. as Dri (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certificate PERFORMED? YES [ NO [ PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) After this certif I be detached for State Dept. of I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work After TO HOSPITAL OR ATTENDING Page 4 may be retained by at work 3 should with the 1963. to Oct. director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 19.66, that (I) (we) last saw the deceased alive on. and that death occurred at 10 P.M. from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNEO **ATTENDING** MED. DIRECTOR PHYSICIAN'S 22c. M. Kevin Quinn Timonium, Maryland NAME (Type) Road. BURIAL, CREMATION. 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Lorraine Park Cemetery Burial 1.0 24. FUNERAL OIRECTOR REC'D BY REGISTRAR ADDRESS Burgee Funera VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the ottending physician and completely filled in by the funeral sit permit. Then please temave carbon papers. Pages I and motion, or remayal are in any event, within 72 hours after deat PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Baltimore Baltimore Maryland **MARYLAND** b CITY OR TOWN (If outside corporate limits, write RURAL and averages town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Gwynn Oak 2vrllmthhdvs d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3230 Rolling Road SPRING GROVE STATE HOSPITAL YES NO [ 3. NAME OF Middle 4 DATE Month Lost Doy Year DECEASED Lydia Vineyard 19 (Type ar print) DEATH S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED  $\mathbf{x}$ 8. DATE OF BIRTH AGE (In years IF UNDER YEAR UNDER 24 HRS last hirthday) Manths Days Hours March 20, 1892 female white WIDOWED DIVORCED 12, CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) COUNTRY? **YATSUGNI** saleslady West Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremotíon, or remaval Peter C. Vineyard Martha Looney WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 230 Rolling Rd. (Yes na, ar unknown) (If yes give war ar dates of service) Herbert Garrett unknown Records: SPRING GRO VE STATE nknown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH Myocardial Infarction IMMEDIATE CAUSE (o). Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave Arteriosclerosis Heart Disease rise to immediate cause (a), DUE TO stating the underlying couse hos been director, page 3 should be detoched for use as the skauld be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO FUNERAL DIRECTOR: After this certificate Cancer of the upper lin. 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c TIME OF INJURY Manth, Day, Year Haur a.m. 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Nat While ot wark and that death accurred at \_, ta\_Oct\_\_12'\_\_, 1966 , that (I) (we) last 21. I certify that \$\mathbb{H}\$ (this hospital) attended \$\mathbb{H}\$ by \$\mathbb{H}\$ by \$\mathbb{H}\$ and \$\mathbb{H}\$ M, fram causes and on the date stated above. saw the deceased alive on, 22b. DATE SIGNED 22n. SIGNATURE ( Vect a ATTENDING M.D. 22d ADDRESS GROVE STATE 22c PHYSICIAN S Baltimore, Maryland 21228 NAME (Type) BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BURIAL (Specify) 10-14-66 LORRAINE CEMETREY 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 2Sp. REC'D BY REGISTRAR Munices 4600 Liberty Hghts. Avenue 1966

1	MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORDS.	DEPARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
FOR STATE		R'S CERTIFICATE OF DEATH	13925
HEALTH DEPT.	1 PLACE OF DEATH 0. COUNTY BALTIMORE MARY, AND	2 USUAL RESIDENCE (Where deceosed lived, if institution Reside o STATE Maryland b. COUNTY B	
th If any delay is goes 1, 2, and 3 to a farm PM3. Page fate Department of hours after death	b CITY OR TOWN (fouts de corporate limits confidence la Comparation of Comparatio	Orings/Mills/, Westmi	nster
h If or ges 1, 2 farm afe Dep	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Rosewood State Hospital	d STREET ADDRESS 265 East Main Street Rosewood/State/Hospital	e is residence On a farm? Yes \( \) NO \( \)
after death If 8. Give Pages 1, along with farm with the State De within 72 haurs	3 NAME OF DECEASED (Type or print) GEORGE RYLE  S. SEX 6. COLOR OF RACE 7 MARRIED DISTRIBUTION OF THE PRINT O	WAGNER JR 4 DATE Month OF DEATH October	Doy Year 18, 19 66
24 haurs aft in Item 18. G r's Office alan ss land2 with	S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED	8 DATE OF BIRTH  9. AGE (In years ps. burthdoy)  10 yrs.  Months  AND DETROISE (In years ps. burthdoy)  10 yrs.	Doys Hours Min.
hin 24 haurs ncil in Item II niner's Office pages land 2	during most of working life, even if retired)  13 FATHER'S NAME	11 BIRTHPLACE (Stote or foreign country) 12 Cl  HANOVER PA.  14 MOTHER'S MA DEN NAME	OUNTRY 2
d within in pencil Examine File pagi	GEORGE RYLE WAGNER SE	4 · · · · · · · · · · · · · · · · · · ·	DNER ESE MAINST
be executed pending in hief Medical loorsit permit.	(Yes, no orunknown) (If yes give wor or dates of service)  18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))	THER ANNABEL J. WAGNER ME	INTERVAL BETWEEN
shauld be e ne ward 'per a the Chief t burial-transit mation, ar re		onia with lung abscess	ONSET AND DEATH
ficate ing th ded t ds a d; creu	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	3 9	
This certificate, writtee farware be used to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  200 EXTERNA, CAUSE WAS PRIMARY I or CONTRIBUTING I CAUSE OF DEATH CAUSE OF DEATH		19 WAS AUTOPSY PERFORMED? YES NO
AMINER: The certifice of should be one files.  ge 3 should light files.  ge 3 should light files.	200 EXTERNAL CAUSE WAS PRIMARY 🗆 OF CONTRIBUTING 🗆 CAUSE OF DEATH  200 DESCRIBE HOW INJURY OCCURR	RED (Enter noture of injury in Port or Port II of item 18)	
	Hour om While Not While pm. 19 of work of work	foctory, street, office bidg , etc )	unty) (Stote)
DEPUTY MEDICAL EXAM sessary, please execute the funeral director. Page 4 may be retoined for your FUNERAL DIRECTOR: Page ealth, ar its designated age		, held an Autopsy [X], Inspection [], Inquiry [],  Suicide [], Hamicide [], Undetermined manner [  CHIEF MEDICAL EXAMINER []	and in my opinion
D DEPUTY MEDICA necessary, please ex- the funeral director. 5 may be retained (6 5 FUNERAL DIRECTO Health ar its design	SIGNATURE  EXAMPLE (Inc.)  Charles S. Springate, M.D.	M.D. ASSISTANT MEDICAL EXAMINER ADEPUTY MEDICAL EXAMINER COSTODE	22. DATE SIGNED r 18, 1966
TO DEPUTY  necessary, the funeral 5 may be in TO FUNERAL Health ar r	230 BURIAL CREMATION. 23b DATE THEREOF/ 23c NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
VR A15ME (5)	REMOVAL (Specify) 10/20/66 EVERGREES 24 FUNERAL DIRECTOR ADDRESS MIMILS C. Suffells MESTAWS	V CEMETERY FINKS BARE, CO 250 REC'D BY REGISTRAR 1 256 REGISTRAR'S S VER MODATE OCT 2 0 1986 JChian	SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3923 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death deal PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE **b.** COUNTY Baltimore MARYLAND Baltimore C LENGTH OF STAY IN 15 b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson, Md. 3yrs. Towson, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 813 Stags Head Rd 813 Stags Head Rd YES NO 1 3. NAME OF 4. DATE Oct Manth 12,66 Middle DECEASED Eliza A. Walker (Type or print) DEATH 9 AGE (In years lost birthday) IF UNDER 24 HRS S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** AUG BINTH 1885 Months Dovs Hours DIVORCED **倒越来**拼拼推 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Housewife
13. FATHER'S NAME Thomaston , Maine 14. MOTHER'S MAIDEN NAME Walter R. Willey

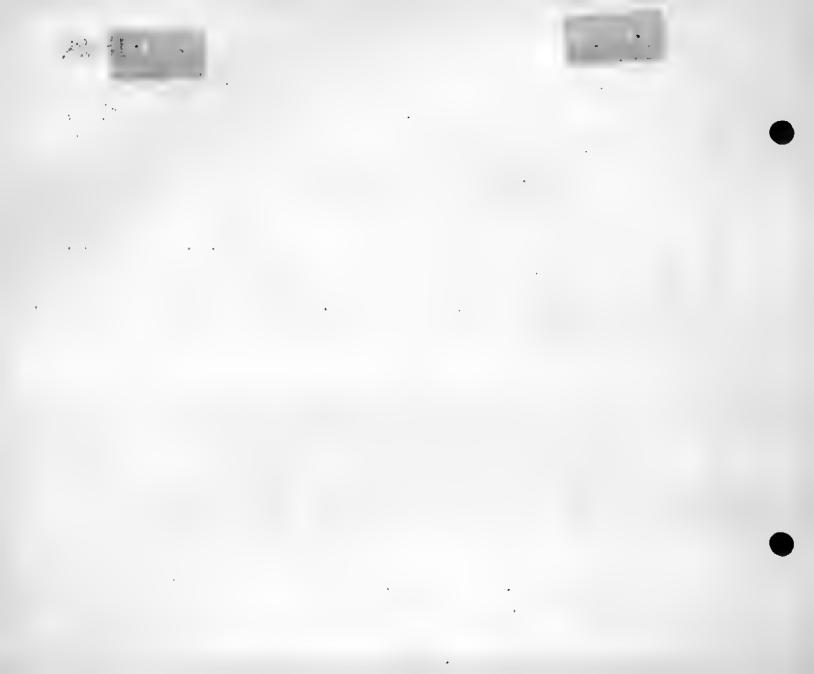
IS WAS DECEASED EVER IN U.S. ARMED FORCES? Annie L. Dunn 16 SOCIAL SECURITY NO. Dr. Douglas Walker, (Yes, no, or unknown) (If yes give wor or dates of service) 004 26 8916 813 Stags Head Rd. Towson 4 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES [ NO b 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) ot work L at work 21. I certify that (I) (this hospital) attended the deceased fram August, 1963, to Colonia, 1966, that (I) (we) last saw the deceased glive an October of 1966, and that death accurred at 350 M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S NAME (Type) 22d ADDRESS 7800 York Rd. Towson, Md. 21204 Myrten Gaines. Jr directar, shauld b 23b. DATE THEREOF 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION BREMOVAL (Specify) Thomaston, Maine Oct. 17,1966 Village ADDRESS REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR liances VR A15 (4) 20 M 1/66 Wm. Cook-Brooks Towson, Towson, Md. DATE

1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13927
HEALTH DEPT.	3. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
4	BALTIMORE MARYLAND BALTIMORE
cessary e funeral may be partment er death,	b. GITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
cessary, cessary, c.e. funeral se 5 may be Department after death.	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS  e. IS RESIDENCE
Page :	5 M A A A A A A A A A A A A A A A A A A
nd 3 to Page State	3. NAME OF First Middle Last   4. DATE Month Oay Year
s after death. If any dela 8. Give Pages 1, 2, and 3 long with form PM3. P 100 million 100	(Type or print) MILTON BARRATT WAINTH OCT 20 19 66
ges 1, 2 form P vithin within	(ast birthday) Months   Days   Hours   Min
feath Page th fo	MALE WHITE WIDOWED DIVORCEO UNE 27 1873 93 yrs.  10a. USUAL OCCUPATION (Give kind of work done 10b. Kind of Business or 11. Birthplace (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ter deat Give Pag g with I and I	ATTORNEY LAW HARFORD Co. MD. COUNTRY
rs after 18. Gir Jong 1886 1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
4 hours litem 18 hiffice at small in page	- ACOB P. WALKER MRS. HOOPMAK
n 24 in It s Offi al, an	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 215078263 MRS CECIL BOWERS CATCUSLILL
pencil in miner's permit.	1.18. CAUSE OF DEATH (Forter only one cause per line for (a) (b) and (c) )
학교 중 표 등	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CORONARY THROMBOSIS MINUTES
executed ding" in lical Examilation, or ution, or ution.	4201 DUE TO 10-10-10-10-10-10-10-10-10-10-10-10-10-1
uld be executed 1 "pending" in 5f Medical Exar a burial-transit cremation, or	Conditions, if any, which gave rise to immediate (b) ARTERIOSCLEROTIC HEART DISEASE / O + YA
ould "ief", "a b	cause (a), stating the DUE TO underlying cause last. (c)
EXAMINER: This certificate should be execute certificate, writing the word "pending" should be forwarded to the Chief Medical Files. Files.  FIR: Page 3 should be used as a burial-transfers, prior to burial, cremation,	
to the the	YES NO TO SECRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
R: This certificate, writing forwarded to 3 should be agent, prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  PRIMARY OF CAUSE OF DEATH.  200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  Power of the terminal Disease Condition Given in Part II of Item 18.)  PRIMARY OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  Power of the terminal Disease Condition Given in Part II of Item 18.)  PRIMARY OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)
This war	ZOC. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
d agg	Hour a.m.  p.m.  While Not While at work at work at work at work at work
EXAMINEI  Certifica  carbida be  If files  CFOR: Page  designated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection inquiry and in my opinion
EXA te and control of the control of	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
3 S S S S S S S S S S S S S S S S S S S	ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL PRAMINER 22., DATE, SIGNED,
ry MER execute Page of for you tal DIRE	DEPUTY MEDICAL EXAMINER OF CATONSULLET
O DEPUTY MEI please execul director. Pag retained for y o FUNERAL DI of Health or i	NAME (Type) The North Address (Street, city, town, or county)
of H	23a. (BURIAL) CREMATION, 23b. DATE THEREOF 23c TIAME OF CEMPTERY OR CREMATORY , 23d. LOCATION (City, town or county) (State)
	24) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR ALSME (5) 5M 1/65	Francis tu Tim Hand Line Md. DATE OCT 24 1966 Jelianles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY b. COUNTY BALTIMORE MARYEAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY QR TOWN (If outside carporate limits, write RURAL and give nearest town) 50 DAYS BALTIMORE FORT HOWARD a NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1416 HOLBROOK AVENUE VETERANS ADMINISTRATION HOSPITAL NO TA 3 NAME OF First Middle 4 DATE Manth Year DECEASED 19 66 WILLIE R. WASH INCTON OCTOBER (Type or print) DEATH IF UNDER LYEAR S. SEX 9. AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED Jast birthday) Manths Days Haurs AUGUST 20,1920 MALE NEGRO WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? U.S.A. during most of working life, even if retired) INDUSTRY signed by the attending physician hurial-transit permit. Then please FOUNDRY GREENVILLE, N. C. LABORER 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME GARFIELD WASHINGTON MARTHA EVAN 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. prunknown) (If yes give, war or dates of service 14 16 51 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TOUSE AND DEATH PART I DEATH WAS CAUSED BY BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO CARCINOMA OF LUNG. RIGHT MONTHS Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been last. 19. WAS AJTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K this certificate 20g ACCIDENT WAS UNDERLYING [ 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, farm, (City or town) (State) 20c TIME OF INJURY Month, Doy, Year 20H INJURY OCCURRED (County) Haur a.m foctory, street, affice blda., etc.) Not White at wark 21 I certify that (3) (this haspital) attended the deceased from 8/24/66 saw the deceased glive an 10/13/66 19 and that death accurate 10/13/65, 19\_\_\_, that (we) last 4:10AM fram causes and an the date stated above. and that death accurred at. saw the deceased alive an O FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE 10/13/66 director, page 3 should be filed w DIRECTOR ADDRESS 22t. PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (County) BURIAL, CREMATION BALTIMORE NATIONAL BALTIMORE, MARYLAND 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR VR A15 (4) orchanter Judge

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3026 funeral 1 and 2 1er death requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH o. COUNTY Baltimore a. STATE b. COUNTY Maryland signed by the ottending physicion and completely filled in by the fur build-transit permit. Then please remaye carbon papers. Pages 1 burial, cremation, or removal, and in any exent, within 72 hours after MARYLAND b CTY OR TOWN (If autside corparate bmits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) C LENGTH OF STAY IN 1b Baltimore Baltimóre a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 3223 Elmley Avenue St. Joseph Hospital YES 🗔 NO F Middle NAME OF DATE Month Year WEBSTER DECEASED October 28 66 19 (Type or print) DEATH F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 9. AGE (In years 7 MARRIED NEVER MARRIED DATE OF BIRTH 11-19-97 birthday) Hours white Female ह्रो WIDOWED DIVORCED 106. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRYSA Housewife Damascus, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removol Eunive E. Brandenburg Willie Norwood IS. WAS DECEASED EVER IN U.S ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 216-01-6777 James F. Webster, Item 2 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY Arteriosc INTERVAL BETWEEN Arteriosclerotic heart disease ONSET AND DEATH IMMEDIATE CAUSE (a) 4200 DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending ifter this certificate has been be detached for use as the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ΝÔ O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office bldg., etc.) Not While at work at work October 12 19 00 to October 20000 that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased fram. sow the deceased alive an October 289 66, and that death occurred at 5:25 m. From causes and on the date stated above. 22a. SIGNATURE Canco STAFF PHYS. Fernando ATTENDING director, page 3 should be filed w M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Formando-York Road , Baltimore 21204, Mc NAME (Type) Fernando Canon Dr. 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL CREMATION, (Stote) REMOVAL (Specify) Kemptown, Md. Providence Methodist Oct.31,1966  $\mathrm{Burial}$ 2Sa. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Milarles VR A15 (4) 20 M 1/66 1966 Olin L. Molesworth, Damascus, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY in by the first s. Pages of hours affect Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) after Maryland Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b hours Fullerton) Balte. bon papers. within 72 hg filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS 6. IS RESIDENCE ON A FARM? 24 8604 Harford Rd ND x completely 1 Glade YES executed within NAME OF First Middle DATE Month Oav Year OECEASED OF DEATH event, (Type or print) David Charles Weeks 10 19 6. COLOR OR RACE | 7. MARRIED ешоле. 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS NEVER MARRIEO last birthday) Months | Days Hours and any Male White June 26, 1966. DIVORCEO WIDOWEO 10a. USUAL OCCUPATION (Give kind of work done I 10b. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please r during most of working life, even if retired) that the death certificate be COUNTRY? Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Ronald C. Weeks Patricia L. Brown signed by the attendi burial-transit permit. ' burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) Mr. Ronald C. Weeks (Same None 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY: 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) July Speed St. The burial, c 15.75 **OUE TO** Conditions, If any, which (b) gave rise to immediate OHE TO cause (a), stating as th underlying cause last. certificate has (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use alth PERFORMEO? CERTIFICATI YES [ NO [ 完成 After this certifi be detached fo State Dept. of H 20a, ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After - Not While at work at work p.m. J FUNERAL DIRECTOR: Af director, page 3 should I should be filed with the S 28 1966 21. I certify that (i) (this hospital) attended the deceased from 19 00. that (I) (we) last to. 10.32 M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at **CATE SIGNEO** 22a. SIGNATURE 22b. Octob ATTENDING PHYS. M.D. DIRECTOR PHYS. PHYSICIAN'S **ADORESS** director, p should be 1 22d. NAME (Type) 5000 m m 8664 BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Gardens of Faith Cemetery 23d. LOCATION (City, town or county) (State) 2 Ata (Specify) Baltimore. Md. FUNERAL OIRECTOR REC'O BY REGISTRAR 25b. Ruck Inc. Balto. Md. 21214 Leonard ال VR A15 (4) 1/65



1 (1	VI	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
# #NE		13000 CERTIFICATE OF DEATH		
death, funeral and 2		1. PLACE OF DEATH  a. COUNTY  a. STATE A  b. COUNTY 12  b. COUNTY 12  c. COUNTY 12  c. COUNTY 12  d. CO		
er c		Baltimore County MARYLAND 8. STATE Maryland b. COUNTY Baltimore		
after y the 1 ges 1 s after	- 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)		
ours ours in by Page	- 1	Mount Wilson 29 days Essex		
24 hours 24 hours filled in by papers, Pa		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?		
pag pag hin	-4	Mount Wilson State Hospital 611 Framelin And YES NO		
executed within 24 hours after and completely filled in by the iremove carbon papers. Pages 1 n any event, within 72 hours after		3. NAME OF BECEASED (Type or print) WILLIAM A. WEINKAM OF THE Month Day Year OF THE OF THE NAME OF THE OF T		
executed ware complement of the complement can be call any event,		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.		
exect r and remo		WIDOWED DIVORCED WIDOWED WIDOW		
s be ey sician a base re		during most of working life, even if retired)   INDUSTRY   A   COUNTRY!		
icate physical	1	Railwad world 14. Mother Maiden Name		
		WILLHAM WEINKAM COPHIE HOUCK		
nding Tip		15. WAS DECEASED EVER INU. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address		
that the death certificate be sician. med by the attending physician al-transit permit. Then please al, cremation, or rendominated		(Yes, no, or unknown) (If yes give war or dates of service) 719-03-1336 Records, Mt. Wilson State Hospital		
e de the it pe		18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).]		
that the cian. Intention by Intensity or committee the com		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A Cute Myo cas dial infarction Light		
i daw requires that tatending physician. I has been signed bese as the burial-tran. In prior to burial, cre		4 201 DUE TO D		
ires that physici n signe burial-t		gave rise to immediate (b) Coloricus anderes selections		
requi		cause (a), stating the DUE TO		
aw re ttendii has be as th prior		Underlying cause last. ) // (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY		
N. The la tal or atl ifficate h for use Health p		The state of the s		
t. The		2Da. ACCIDENT WAS UNDERLYING   1 2Db. DESCRIBE HOW WINTY OCCURRED. (Enter nature of injury in Part I of Part II of Item 18.)		
HOSPITAL OR ATTENDING PHYSICIAN. The law fage 4 may be retained by the hospital or atten fuller than the fact this certificate has freetor, page 3 should be detached for use as nould be filed with the State Dept. of Health pric		ZDa. ACCIDENT WAS UNDERLYING   ZDb. DESCRIBE HOW MULTY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  BYES   NO		
IYSII e ho his i tach				
p PHY y the er this e deta		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While at work at work at work		
DINI d ba		21. I certify that (I) (this hospital) attended the deceased from 8.4. , 1966, to 10.2. , 1966, that (I) (we) last		
taing OR: houl		saw the deceased alive on 10.2. 1966, and that death occurred at 2:45 from the causes and on the date stated above.		
Fred 3 s with		22a. SIGNATURE 22b. DATE SIGNED		
y be piled		M.D. PHYS.   DIRECTOR   PHYS.		
ITAI ma ma RAL r. p.	i	Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland		
OSP UNE 4 Uld	,			
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Stat		233. BURIAL, CREMATION, 23D. DATE THEREOF 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCALION (City, town or county) (State)  REMOVAL (Specify) 10/5/66 ST. PALLS Set Rol Bulton President		
	B			
VR A15 (4)	(8)	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE  DATE OCT 4 1966		
20M 1/65	11	Comment I late		

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. ond completely filled in by the funeral remove corbon papers. Pages 1 ond 3 in any event, within 72 hours after defith 2 USUAL RESIDENCE (Where deceased lived, if institution PLACE OF DEATH o. STATE Maryland b. COUNTY Kingsville g. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)

Towson c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Kingsville. 21087 d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Hilltop Drive St. Joseph Hospital YES NO TX 4 DATE Middle Year 3 NAME OF DECEASED K. October 19 66 Weir Mable DEATH (Type or pant) IF JNDER I YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthdoy) Months Haurs July 28,1895 WIDOWED DIVORCED White Female 12. CITIZEN OF WHAT 10c JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machine Operator 11 BIRTHPLACE (County & State or foreign country) 10b, KIND OF BUSINESS OR Radio Mfg. Brunswick, Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME unknown buriol, cremation, or remark unknown 17. INFORMANT Address 16 SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war or dates of service) Hosp. Rec. 214-20-3475 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH Widespread metastatic malignancy - primary IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. **O FUNERAL DIRECTOR:** After this certificate has been signed by director, page 3 should be detached far use as the burial-trans site undetermined **计图形线性** Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) NO X 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, affice blda., etc.) Not While ot wark at wark 21. I certify that the (this hospital) attended the deceased fram September 6, 1966, ta October 15 1966, that the lost saw the deceased olive on October 15, 1966, and that deoth accurred at 1:40 M, from causes and on the dote stoted above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. tuardo Ph Oct. 15, 1966 PHYS. 22d. ADDRESS 7620 York Road, 21204 22c. PHYSICIAN'S Eduardo M. Canilang NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b DATE THEREOF (County) BURIAL, CREMATION, REMOVAL (Specify)
Burial Baltimore, Md. Cayhedral Cemetery 10/18/66 0 FUNERAL DIRECTOR

LEMON & ADDRESS

LEMON & ADDRESS

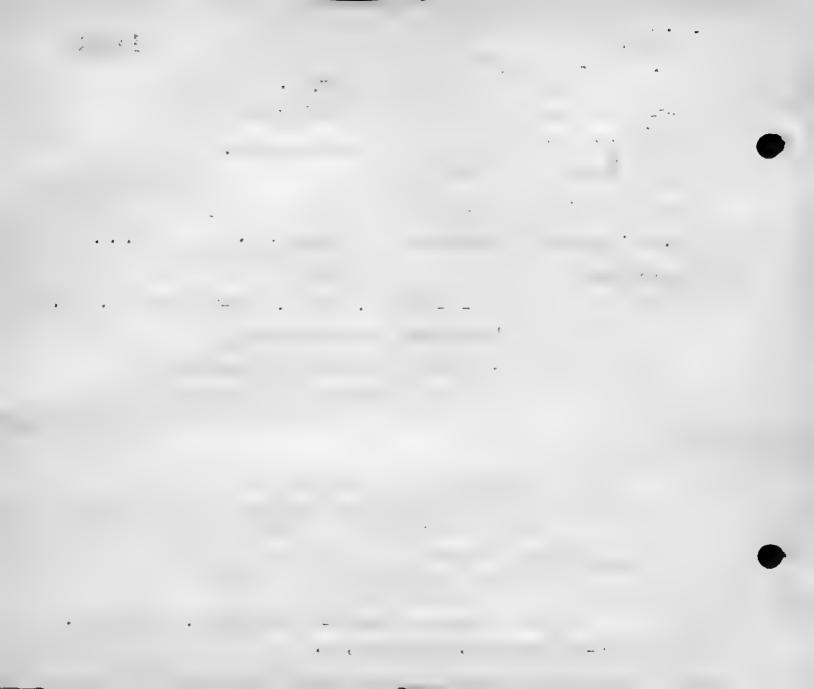
ADDRE 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR lianley VR A15 (4) 20 M 1/66



The part of the pa	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
BOUTTONOTE  MARYLAND  D. CITY DR TOWN (if outside corporate limits, write RURAL and give ne and give ne and give ne and give ne are town)  D. CITY DR TOWN (if outside corporate limits, write RURAL and give ne a	,		
3. NAME DF DECEASED (Type or print)  5. SEX  6. COLOR DR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED 8. DATE DEATH  9. ACE (In years liftunder) YES I WELCH 9. ACE (In years liftunder) YES I WELCH 9. ACE (In years liftunder) YES I WELCH 10. USUAL OCCUPATION (Cive kind of work done 1 10b, kind of Business OR  10s. USUAL OCCUPATION (Cive kind of work done 1 10b, kind of Business OR  11. Birther ACE (County & State or foreign country) 12. CITIZEN OF W	ا عاح		
3. NAME DF DECEASED (Type or print)  5. SEX   6. COLOR DR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. ACE (In years lift UNDER 1 YEAR IF UNDOWNED   100. USUAL OCCUPATION (Cive kind of work done   10b. Kind of Business OR   11. Birthelace (County & State or foreign country)   12. CITIZEN OF W	rest town)		
3. NAME DE DECEASED (Type or print)  5. SEX  6. COLOR DR RACE  7. MARRIED  NEVER MARRIED  8. DATE  9. ACE (In years last birthday)  WIDOWED  10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)  10a. USUAL OCCUPATION (Cive kind of work done lind)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF W COUNTRY?  Prince George's Md.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  COUNTRY?  LUS A	A FARM?		
5. SEX  6. COLOR DR RACE  7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH  8. DATE OF BIRTH  8. DATE OF BIRTH  9. ACE (In years last birthday)  Months  Days  Ho  10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)  10b. Kind of Business or industry  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF W. COUNTRY?  Prince George's Md.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Country, Share N Jean  14. MOTHER'S MAIDEN NAME  Lanning, Share N Jean	Year 964		
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR Prince George's Md.  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF W COUNTRY?  Prince George's Md.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Country & State, or foreign country)  12. CITIZEN OF W COUNTRY?  LUSA  14. MOTHER'S MAIDEN NAME  Lanning, Sharen Tean	DER 24 HRS.		
George Irvin Welch Lanning, Sharen Jean	AT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, mo, or unknown) (If yes give war or dates of service) clependent Rosewood Records Owings Mills	,		
18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AS QUILLE PROPERTY OF THE CAUSE (A)  PROPERTY OF THE CAUSE (B) AS QUILLE PROPERTY OF THE CAUSE (B)  PROPERTY OF THE CAUSE (B) AS QUILLE PROPERTY OF THE CAUSE	DEATH		
18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  DUE TO  OUT TO	smouth		
Cause (a), stating the DUE TO underlying cause last.  Example 2	AUTDPSY		
AES ESTATE OF THE PER CALL PER	ORMED?		
20a. ACCIDENT WAS UNDERLYING COURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, Farm, 20f. (City or town) (County)  A Hour a m. (County)	(State)		
등수 환경성 본 p.m. 19 lat work 니	(State)		
p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 8 - 27, 19 65, to 10 - 13, 19 66, that (I) saw the deceased alive on 10 - 17, 19 66, and that death occurred at 35 6M, from the causes and on the date star 22a. SIGNATURE			
SEE 2 ATTENDING MED. STAFF & 10-14-66			
22c. PHYSICIAN'S NAME (Type) HARVEY M Solomon, M. D. 22d. ADDRESS NAME (Type) HARVEY M Solomon, M. D. Rosewood St. Hosp. Owinge Mills.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  REMOVAL (Soecify)			
1 BUI 144 10-18 36 CCDITT 11/1/2 CET 301 14/1/2 11	(State)		
VR AIS (4) 24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SICNATURE OF 1/8 196 ACHORDES JUNE 1/65	ye		



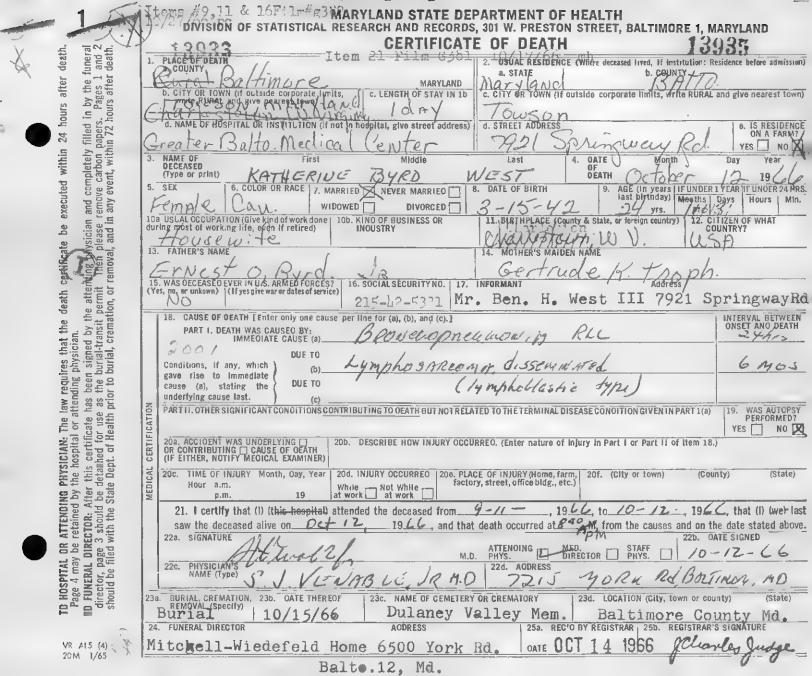
1953: 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1. MARYLAND
should	13937 CERTIFICATE OF DEATH	13934
	1. PLACE OF DEATH a COUNTY  Saltiwork [Maryland] b. CITY OR TOWN (If outside corporate   mits, write RURAL end give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate   mits, write RURAL end give nearest town)	COUNTY
9	Rural Randallstown  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	is residence     On a farm?
1	Chapel Hill Nursing Home  3. NAME OF DECEASED (Type or print)  ROBERT F. Welsh, St. OF DEATH	Month Day Year 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In last birth	day) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or fare gn countries)	
Jan 2000	Ret. Self Employed Feed Business Baltimore, Md.  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.
(I)	Patrick Welsh Mary	
	(Yes, no, or unkown) (If yes give were relates of service)	ddress Keston Rd. Balt.2120
on, or rem	18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), and (c),]  PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ery, which geve rise to immediate couse (a), stating the underlying DUE TO  Cause last  Conditions, if ery, which (b)  COVA To L. Side heuriple  A vTerios cleros is Gene	rolized
1	PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO THE
	20a ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Port II of item 18 III III III III III III III III III	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, fectory, street, office bidg., etc.)  While Not While et work at work	(County) (State)
		19.66 that (I) (we) less
	saw the deceased alive on	22b, DATE SIGNED
1	122c. PHYSICIAN'S CESAR VALLE-CAVERO 8629 Liberty	Rd
0	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CI	
K	Burial DIRECTOR'S SIGNATURE  ADDRESS  Cathedral Cemetery-Old Frederick Rd.  ADDRESS  ADDRESS  25a. REC'D BY REGISTRAR 25b	REGISTRAR'S SIGNATURE
15	Loring Byers-8728 Liberty Rd. Randallstown, Md. DATE QCT 17 1956	Milanles Judge

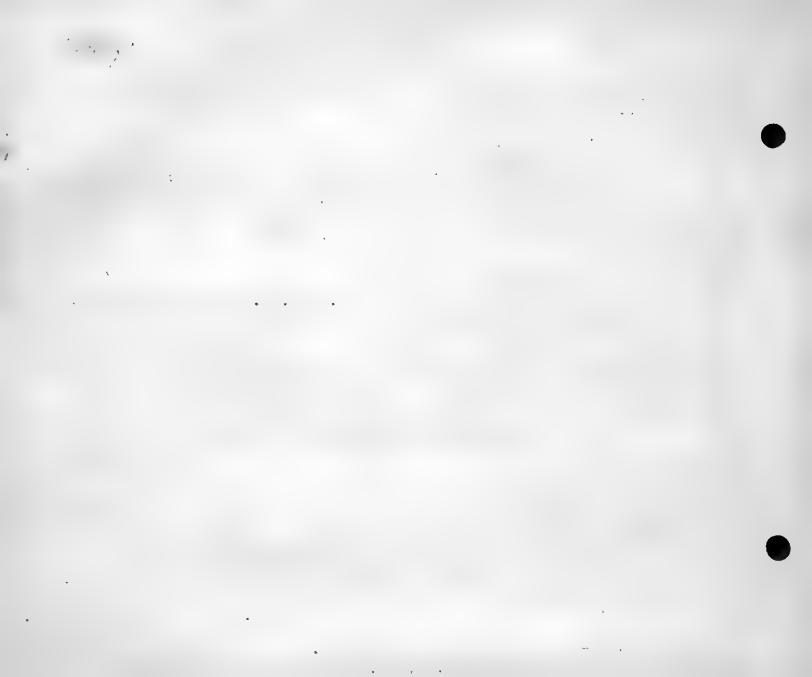


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1SM 10/57







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) p. COUNTY o. STATE b. COUNTY BALLTIMORE MARYTAND MARYLAND haurs after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 DAYS BALITIMORE FORT HOWARD e IS RESIDENCE ON A FARM? filled in d STREET ADDRESS edse remave carban papers. and in any event, within 72 h d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) 609 N. PACA STREET VETERANS ADMINISTRATION HOSPITAL and campletely fi remave carban 3 NAME OF Year Middle 4 DATE First Lost DECEASED **OCTOBER** WILLIAM K. WEST 66 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED b rthdoy) APRIL 3, 1915 NEGRO MALE WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY BALTIMORE, MARYLAND U.S.A. TRUCK DRIVER 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, crematian, ar remaval UNKNOWN UNKNOWN 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16 SOCIAL SECURITY NO 212 12 65 68 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD YES WW INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INTRACRANIAL HEMORRHAGE IMMEDIATE CAUSE (o) 2311 DUE TO UNKNOWN HYPERTENSION Conditions, if any, which gove rise to immediate couse (a). DUF TO stoting the underlying couse as the Page 4 may be retained by the haspital ar attending has been lost. 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? with the State Dept. of Health NO K O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg, etc.) Not While of work ot work 10/14/66 19 to 10/16/66, 19\_\_\_, that 20 (we) last 21. I certify that (If (this hospital) attended the deceased from saw the deceased dive on 10/16/66 19 ... and that death accurred a8:05PM, from causes and an the date stoted above. 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. 25 ATTENDING 10/18/66 M.D PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHÝSTCIAN'S NAME (Type) PETER V. JUVAN, M. D. VAH FORT HOWARD, MARYLAND 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 236. DATE THEREOF 23o. BURIAL, CREMATION REMOVAL (Specify) 10/20 LOUDEN PARK NATIONAL BALTIMORE, MARYLAND 25b. REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR 24 PUNERA, DIRECTOR LAW FUNERAL HOME VR A15 (4) 802 N. Madicon Ave.



1	10	MARY DIVISION OF STATISTICAL RESEA			HEALTH V STREET, BA	ALTIMORE 1, M/	ARYLAND	
i avela		12025	CERTIFICATI	OF DEATH		130	37	
us after death.  by the funeral Pages 1 and 2 wars after death.	<b>)</b> 1.	PLACE OF BEATH			E (Where deceased I	ived, If Institution: Res		
te Te		Baltimore	e. STATE Maryland b. COUNTY Baltimore  c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town					
affi ages s af		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town).	c. LENGTH OF STAY IN 1b				nd give nearest town	
in by Page	_	Tourson 21204		Luthervi	Le 2109	73	*	
filled papers.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	d. STREET ADDRESS		e. IS RESIDENC ON A FARM?			
in 2 ly fill parthin thin	Holly Hill Nursing Home  3. NAME OF First Middle			305 North			YES NO	
uted within 24 hour completely filled in we carbon papers. I event, within 72 hou	3.	NAME DF First DECEASED (Type or print)  Betty  Peo	middle wheeler	Last	4. DATE DF DEATH	October 7,	0ay Year 196619	
executed want complement complements care any event,	5. F	SEX 6. COLOR OR RACE 7. MARRIEO	NEVER MARRIEO 8	T 1	9. AGE	in years IF UNDER 1		
e execu		. USUAL OCCUPATION (Give kind of work done   10b. Kin	ND OF BUSINESS OR	11. BIRTHPLACE (Co	,1005 01	yrs.     ign country) { 12. CIT	IZEN OF WHAT	
icate be opposite the physician in please val, and in	H		hiome	Marylo	and	USA	INTRY?	
requires that the death certificate be executed within 24 hours after death ding physician. been signed by the attending physician and completely filled in by the funeral the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 or to burial, cremation, or removal, and in any event, within 72 hours afterdeath.	1,3	Absalom Bixler		14. MOTHER'S MAID!	zabeth (	2)		
death ce	15 (Y	s, no, or unkown) (If yes give war or dates of service)		INFORMANT		Address		
at the deal lan. d by the ar ransit perr		None None	1 +	amily record	6		ANTERNIAL DETWEEPS	
the by the mait		18. CAUSE OF DEATH [Enter only one cause per lin PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulm	onary fibro:	ni n			ONSET ANO OEATH	
es that the physician. signed by th urial-transit ourial, cremai		OUE TO	ionary Tibro	515				
uires til g physical n sign burial burial			ysema				20 years	
law requires that attending physician has been signed as the burial-train h prior to burial-train		cause (a), stating the underlying cause last.						
CIAN: The law ospital or atten certificate has ned for use as t. of Health pric.	CERTIFICATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUT		TEO TO THE TERMINAL O	ISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO? YES NO D	
t The alone fine of the alone for the alone	Congestive heart failure  200. ACCIDENT WAS UNDERLYING   200. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part II of Item							
		Congestive heart f  208. ACCIDENT WAS UNDERLYING TO DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SOURCE HOW HARDEN OCCOR	TREO. (Eliter liature of	mjuly m rail i vi	rate ii or italii 10.;		
PHYSI the h this detacl	MEDICAL	20c. TIME DF INJURY Month, Day, Year   20d. INJ Hour e.m.   While	JURY OCCURRED 20e, PLAC	E OF INJURY (Home, fai y, street, office lidg., et	m, 20f. (City o	r town) (Coun	ty) (State)	
DING F of by t After d be c d be c	ME	p.m. 19 at work	at work [_]					
OR ATTENDING / be retained by DIRECTOR: After ge 3 should be led with the Stal		21. I certify that (I) (this hospital) attended saw the deceased alive on 9-30-6		12-3-63 , 19	30' ta 10'	-7 <i>-</i> 66, 19	_, that (i) (we) las	
ATT Fretz 3 sh with		saw the deceased alive on 9-30-66 to , and that death occurred at . 3 M, from the causes and on the date stated above 22a. SIGNATURE						
DIR BE		Med. OLOGO MAD. ATTENDING MED. STAFF PHYS.						
HTAL may RAL I		22c. PHYSICIAN'S NAME (Type)		22d. AODRESS				
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23							
To To Jakes	23	Burial (Specify) Oct. 10, 1966 Dulaney Valley remorial Cem. Corkeysville, Id.						
3	24	FUNERAL DIRECTOR	AOORESS	25a. REC	O BY REGISTRAR	25b. REGISTRAR'S		
VR AI5 (4)	_	John Burns Sons, Towson,	Naryland	OATE	CI 13 19	66 Jalian	in judge	
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FUNERAL DIP

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W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH A I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY a. STATE Baltimere Count MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 write RURAL and give nearest town! 5 moi 7/14 to w. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address) d. STREET ADDRESS A. IS RESIDENCE ON A FARM? AM WORLESS WAL YES NO L 3. NAME OF Middle Month Year DECEASED OF (Type or print) DEATH 19 / 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 9. AGE (In yeers , IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED 1 DIVORCED 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or fore gn country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 110 Blackman James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address [Yas, no, or unkown] | (Ifyes give were redetes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [7 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. et work et work p.m. ..., 19.4...Q that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... ... ... ... ... ... ... 19. 6 and that death occured at A.C.M., from the causes and on the date stated above. saw the deceased alive on..... 22a SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, Lational Baltimore, Ma. REMOVAL (Specify) nore 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATURE

eath. Page FUNER. irector, page 0.4.2 VR A15 (4) 15M 7/61

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	tem 20 Film 382 11-7-66 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STATE		CERTIFICATE OF DEATH	13940			
HEALTH DEPT!	1 PLACE OF DEATH a COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceased wed, if institution of STATE Maryland b. COUNTY	Baltimore			
Poges 1, 2, and 3 to with farm PM3. Page e State Deportment of 72 haurs after death	b CTY OR TOWN (if autside corparate hmits, c LENGTH OF STAY IN 1b write RURAL and give nearest tawn)	c CITY OR TOWN (if auts de corporate limits winte RUR.  Parkville				
form form	d NAME OF HOSPITAL OR INSTITUTION (H not in hospita give street oddress)  St. Juspeh's Hospital	d street address 9622 Harding Ave.	e S RESIDENCE ON A FARM? YES NO X			
r death ve Pog 3 with the Sto	3 NAME OF DECEASED (Type or point) Howard E. Winnels	lost 4. DATE Month				
rs after d 18. Give te olang v 2 with the	S SEX 6 COLOR OR RACE 7 MARR ED NEYER MARRIED WINDWED DIVORCED DI	8 DATE OF BIRTH 9 AGE (In years lost author) 7 yrs	IF JNDER 1 YEAR   F UNDER 24 HRS Months Days Haurs Min			
24 hou in Item r's Off es Tar	100 USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)  Laborer 10b KIND OF BUSINESS OR INDUSTRY  7 nee Sungeon	11 BIRTHPLACE (State or foreign country)  NaniLand	12 CIT ZEN OF WHAT COUNTRYS			
within 24 In pencil in It Examiner's Caminer's File pages I and in any 6	13. FATHER S NAME Howard Winneberger	14. MOTHER'S MAIDEN NAME Ruby E. Taylor				
		Family Records	is .			
ate shauld be executed 3 the ward 'pending' is 1d ta the Chief Medical a bur al-transit permit. crematian, or remaval,	18 CAUSE OF DEATH (Enter only one cause per line for (a)/(b), and (c)) PART I. DEATH WAS (AUSED BY MMED ATE CAUSE (a)	c SKULL Fracto	INTERVAL BETWEEN CONSET AND DEATH			
shauld e ward i the C iur al-tr	Cand't ans, if any, which gave inse to immediate couse (a),	Neck				
ificate ting th rded to as a k al, cren	stating the underlying cause   Cc   Cc					
this certificate of the writing the farwarded to be used as a tabunal, are	PART II OTHER SIGNIFICANT COND.T.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  200 EXTERNAL CAUSE WAS PRIMARY CTOT CONTRIBUTING TO 200 DESCRIBE HOW INJURY OCCURRED TO 100 PRIMARY CTOT CONTRIBUTING TO 100 PRIMARY CTOT TOT TOT TOT TOT TOT TOT TOT TOT TO	et-	IP. WAS AUTOPSY PERFORMED? YES NO			
INER: The certifice should be should be files 3 should be int, prior		(Enter nature of injury in Part I or Part II of item 18) ia (otomcycle) Traveli head struck stone wall	n; at hi,h			
	🖴   20c TIME OF INJURY Manth, Day, Yeor 💹 20d. NJURY OCCURRED 🤘 20e PLA	ICE OF NJURY (Home, farm, tary street office blag etc.)	(County) (State) Builtamore Md.			
DEPUTY MEDICAL EXAMINER: This seessary, please execute the certificate to formeral director. Page 4 shauld be finary be retained far your files FUNERAL DIRECTOR: Page 3 shauld be saith or its designated agent, prior to	21. I certify that tack charge of the remains described above, be death resulted from. Natural causes Accident (4). Sur		The second secon			
EPUTY MEDICA Ssary, please e funeral director ny be retained NERAL DIRECT	SIGNATURE May to Tournes	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED			
EPUT SSSOTY, funera ay be INERA Ifh or	EXAMINER'S NAME (Type) Charles F. O'Donnell, 1		(e) 466			
TO D nece the 5 m	230 BUR AL CREMATION, REMOVAL (Specify) 236 DATE THEREOF 236 NAME OF CEMETERY OR 27 1966 Dulancy Valle	CREMATORY 23d LOCATION (CITY or town	41.1			
VR A15ME (5) 10	24. FUNERAL DIESTO JOHN DECUSO	. /	strang gignature Clianley Judge			
	7	V	<i>U. U.</i>			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. CDUNTY MARYLAND b. CITY OR FOWN (if outside corporate limits, c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b write RURAL and give pearest town) ve carbon papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE ON A FARM? executed within letely NAME DE Middie Month 4. DATE DECEASED DF (Type or print) DEATH AGE (In years / FUNDER 1 YEAR | FUNDER 24 HRS 5. SEX 6. COLOR OR RACE **NEVER MARRIED** Days any WIDOWED DIVORCED YIS physician and ph 1Da. USUAL DCCUPATION (Glyerkind of work done) 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA during most of working life, eyen if retired) INDUSTRY certificate FATHER'S NAME MDTHER'S MAIDEN NAME n signed by the attending-burial-transit permit. The burial, cremation, or remov 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SDCJAL SECURITY NO. requires that the death (Yes, no, or unkown) (If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 18. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate has been e as the b prior to b DUE TO cause (a), stating the underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? r this certificate the detached for use to Dept. of Health use Health ND T YES [ PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 20e. PLACE OF INJURY (Home, farm, | (State) TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While fter at work at work D should ith the 21. I certify that (!) (this hospital) attended the deceased from 50. 19 (a (b. to 19 0 0, that (I) (we) last DIRECTOR: saw the deceased alive on 19 and that death occurred at .M. from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED 22a. page ATTENDING MED STAFF war M.D. DIRECTOR PHYS. TO FUNERAL | director, pa TO HOSPITAL PHYSICIAN'S 22d ADDRESS 22c. NAME (Type) DNOW (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town or county) 23c. 23d. **REMDVAL** (Specify) ADDRESS UNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. VR #15 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 8 & 9 Film G CERTIFICATE OF he law requires that the death certificate be executed within 24 haurs after death I. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland b (ITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 c. CITY OR TOWN (If guitside corporate limits, write RURAL and give negrest town) 21.206 "altimore Baltimore d. STREET ADDRESS e IS RESIDENCE ON A FARM? the attending physician and completely filled in permit permit. Then please remove carban papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4933 Sinclair Lane St. Josephs Hospital YES NO [ 3. NAME OF 4 DATE OF Middle Wozośk Doy Year Wladyslawa DECEASED (Type or print) WRZOSEK DEATH October IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours X removal, and in any female white WIDOWED DIVORCED A VYSIS 100 USUAL OCCUPAT ON (Give kind of work done during most of work pg life, even if retired) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & Store, of theigh tountry) COUNTRY? INDUSTRY Poland HOUSE

13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jacob Cwalinski Unknown 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, po or nknown) (If yes give war or dates of service) Walter Wrzosekl 1921 Bank Street None INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Pulmonary infarction IMMEDIATE CAUSE (a) burial-tran signed by 415 X DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been stating the underlying couse far use as the lost. WAS AUTOPSY PEREORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NG YES Broncho pneumonia 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Not While foctory, street office bldg , etc.} of work 21. I certify that (M (this hospital) attended the deceased fram October 22 19 55 ta Uctober, 319 66 that (X (we) last saw the deceased alre-on October 31 19 66, and that death accurred at 2:15M from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Rd. Baltimore Md. Reynaldo Orjuela-Gomez MdD. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOYAL (Specify) 256. REGISTRAR S SIGNATUR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 N M.WEBER +SONS INC. 401 S. CHESTER

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1207.1 requims that the death certificate be executed within 24 hours after death the attending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages I opdination, or removersand in any event, within 72 hours after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corporate limits write RURAL and give nearest town) c. LENGTH OF STAY IN 16 21.204 Baltimore Bal timore 20 vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? 512 Fairmount Ave. St. Josephs Hospital YES NO F 3. NAME OF 4 DATE Éirst Middle DECEASED (Type or print) Clarence YEAGER DEATH October IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months iost birthday) Days Hours white male WIDOWED DIVORCED Feb. 4, 1899 10c JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT removation in during most of working life over if retired) INDUSTRY Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Ruptured thoracic aneurysm. IMMEDIATE CAUSE (a). DUE TO Canditrons, if any, which gave Arteriosclerosis, generalized, severe. rise to immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use YES IK No [ Page 4 may be retained by the hospital or 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20s. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While 21. I certify that (this, haspital) attended the deceased fram September 18 1966, to October 1,7966, that (we) last saw the deceased alive on October 17 1966, and that death accurred at 6:05 M, fram causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. 10/17/66 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN SC NAME (Type) M.S. Cockburn. M.D. 7620 York Rd. Baltimore Md. 21204 director, should 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23h DATE THEREDE (County) (Stote) 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12019 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. counBaltimore a. STATE h. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Catonsville c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours Catonsville Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 6162 Regent Park Drive 6162 Regent Park Drive YES NO completely five carbon p that the death certificate be executed within NAME OF Middle Yekstat DECEASED OF DEATH 966 and complet remove carbi any event, v Veronica Baer (Type or print) 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. NEVER MARRIED Wh WIDOWED DIVORCED | physician a n please re val! and for 12. CITIZEN OF WHAT 11, BIRTHPLACE (County & State, or foreign country) COUNTRYT Baltimore, Md. Ret - Maid 14. MOTHER'S MAIDEN NAME Michael Late -Sarah Galloway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address ed by the attend-transit permit. Mrs.Mathilda Benner-6162 Regent INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), signed by th surial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, c DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO [ YES DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120s, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While at work p,m. at work be retained 1956 to Oct J FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 27 19 66, and that death occurred at 1:00 PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. Page 4 may b M.D. PHYS. 22d. ADDRESS WSICIAN'S Grector, p WAME (Type) Nelson McKa 6014 Edmondson Ave. 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY OVAL (Spenify) 10-31-66 Parkwood Cem. Baltimore. PECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Witzke F.D.-4101 Edmondson Ave. DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13943 death. requires that the death certificate be executed within 24 haurs after death gud PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) p. COUNTY a. STATE b. COUNTY Baltimore Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN Th c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) rikesville Pikesville VI'S. e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS hawthorn Ave. 115 hawthorne ave., rinesville 8, id. YES NO K NAME OF Middle 4 DATE Year Last Doy DECEASED Yost October Karl 19 66 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED Months birthdoy) Days Hours WIDOWED DIVORCED Nov. 26.1899 l'ala White 12 GT ZEN OF WHAT 10a JSUAL OCCUPAT ON IGive kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHP-ACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Baltimore, Md. Union Trust Co. Retired 13. FATHER S NAME Elizabeth Kohlepp Andrew Yost IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 37. INFORMANT Addpalesville o.ld. (Yes, no, or unknown) (If yes give wor or dotes of service) 217-1/27 Mrs. Bergadine B. Yost. 115 Marthorne ave. No 1B. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I, DEATH WAS CAUSED BY. ULMONARY EMBOLISM IMMEDIATE CAUSE (o) signed by DHE TO IC STENOSIST INSUFF. MITRAL STENOSIS 57 Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse has been **W**AS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO O FUNERAL DIRECTOR: After this certificate ত্ 200 ACCIDENT WAS UNDERLYING [ 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work at work 22b. DATE SIGNED 220. SIGNATURE ATTENDING MD. 22d. ADDRESS 22c PHYSICIAN'S director, por GOLDSTONE M.D. HERBERT 3643 GLENGYLE NAME (Type) 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Haltio., Md. Pikegrilla Druid Ridge Cemetery Oct. 22.1966 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3044 in by the funeral ers. Pages 1 and 2 papers. Pages I and z hin 72 haurs after death requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o STATE Marvland b. COUNTY Baltimore MARYLAND b CITY OR TOWN (if outside corporate limits, write RURA, and give nearest town) c. LENGTH OF STAY IN 16 c. CFTY OR FOWN (If outside corporate limits, write RURAL and give nearest town) 3 days Towson Baltimore 21224 d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 8 IS RESIDENCE ON A FARM? and in any event, within 72 and campletely filled 1110 S. Bouldin St. St. Joseph Hospital NO A NAME OF the attending physical and campletely t sit permit. Then place remaye carban Middle 4. DATE Year Month DECEASED (Type or print) OF ZIELINSKI Antoni October 19 66 10. DEATH SEX 7. MARRIED TO DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED Dovs Hours October 14.1885 White WIDOWED Male 11 SIRTHPLACE (County & State, or foreign country) 10o USLAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT during mest of working life, even if retired) Esso Standard Oil COUNTRY Co. Poland 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, cremation, ar removal, Jacob Zielinski Julia Wisniewski IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17 INFORMANT 16 SOCIAL SECURITY NO 214-03-6392-A Wife, Mrs. Bertha Zielinski, # 2,a,b,c,d. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH physician. DUE TO Conditions, if ony, which gove Chronic pyo - thorax nse to immediate couse (o), DUE TO stoting the underlying couse te has been s use as the B alth priar to b Page 4 may be retained by the haspital ar attending lost. WAS AJTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MED.CAL CERTIFICATION 3 shauld be detached for use with the State Dept. of Health r this certificate h detached for use YES DE NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour om. factory, street, office bldg, etc.) of work of work O FUNERAL DIRECTOR: After director, page 3 shauld be c 21. I certify that (4) (this haspital) attended the deceased fram 10/7/saw the deceased alive an 10/10/19\_66, and that death . 1966 , to 10/10/ ... 1966 , that (X) (we) last 19 66, and that death accurred at 8:40 M, from causes and an the date stated above. 22a SIGNATURE 22b DATE SIGNED MED. DIRECTOR STAFF PHYS. **ATTENDING** 10/10/66 director, page 3 should be filed v M.D PHYS. 22d ADDRESS 22c. PHYSICIAN'S Lawrence F. Misanik, M.D. 7620 York Rd., Baltimore, Md. 21204 NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) BERSHOVALT Specify) 10-13-1966 St. Stanislaus Baltimore, Maryland 21224 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) JOHN J. DUDA. Baltimore. Maryland 21224 20 M 1/66 DATE

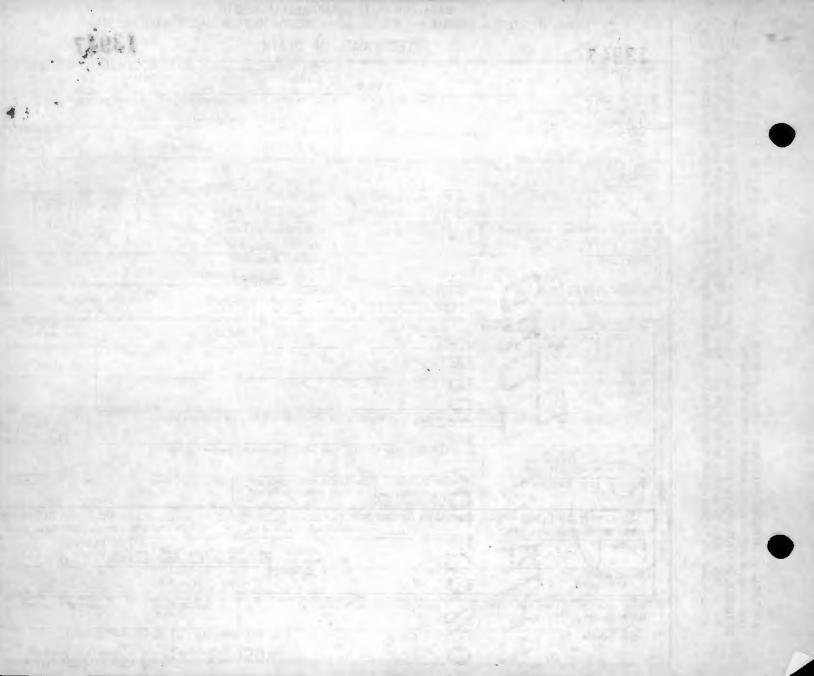
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral by Pages 1 and 4 hours after death requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) GRAY MANOR 5KAY MANCR and campletely filled in remove carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 00 YES NO L 3. NAME OF Middle Last Month Day First Year DECEASED ZIMMERER 1966 CCT (Type or print) DEATH 2-4 IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH 9. AGE (In years NEVER MARRIED 6. COLOR OR RACE 7. MARRIED last birthday) Manths Days Hours JULY WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY ? during most of working life, even if retired) INDUSTRY ISER MANY HOUSE -KEEPER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNKNOWN 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) 216-34-7835 2 IMMERER 7617 MAPLE INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: METASTATIC CARCINOMA IMMEDIATE CAUSE (o) þ DUE TO OVARY 2 MONTHS Conditions, if any, which gove rise to immediate cause (o). DUE TO stoting the underlying couse has been the last. 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? NO D O FUNERAL DIRECTOR: After this certificate ā 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Store) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) at work Nat While of work 2). I certify that (1) (this haspital) attended the deceased fram AUG 14, 1960, ta OCT. 24, 1966, that (1) (we) last saw the deseased alive an OCT 22 1966, and that death accurred at 2500 M, from causes and an the date stated obove. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING Oct 25, 1966 M.D. director, page 3 shauld be filed v PHYS. ESSEX, MO. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ( OSEP 4 MICELI, M.D. STAYLOR 2/22 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) 23a. BURIAL CREMATION. REMOVAL (Specify) BURLAL 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Charles

DATE (C)

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13946 CERTIFICATE OF DEATH by the funeral Poges 1 and 2 requires that the deoth certificate be executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Baltimore Maryland Baltimore lease remove carbon popers. Poges 1 and in ony event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give negres) town). Baltimore 14 days e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 2 2401 Taylor Ave. Saint Joseph Hospital YES NO DO 3. NAME OF DECEASED Middle 4 DATE First Day Year sicion and completely f please remove carban Zimmerer Sr. 24 1066 G October John DEATH (Type or print) IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost pjethday) Months Davs Hours 4/8/1921 Male white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT UFOUNTRY? physicion c during most af warking life, even if retired) Suburban Cab. Co. 13. FATHER'S NAME Baltimore. Maryland 14 MOTHER'S MAIDEN NAME S. George Zimmerer Mary Ulrich attending | 16. SOCIAL SECURITY NO. 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) perpett 213-14-3188 Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Hepatic Insufficiency INTERVAL BETWEEN signed by the buriol-fronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use os the buriol-tran DUE TO Cirrhosis of the Liver Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause os the last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? Subtotal Gastrectomy NO 20a. ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) be detached for State Dept. af H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Not While OR ATTENDING at work at wark deceased from 10/10 , 13 to 10/24 , 1900 , that (I) (we) last 19 66 , and that deoth occurred at 220 M, from couses and on the date stated above. 1900, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 10/10 10/24 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. **ATTENDING** Clev 10/24/66 M.D. PHYS. Cockburn M.D. York Road Baltimore, Md. 21204 TO HOSPITAL NAME (Type) M. S. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Pegify) 10/27/66 Balto National Cem Balto Md 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR YR A15 (4) 20 M 1/66 C.F. EVANS & SON 8802 Harbord rd. 1966 DATE

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MANUFACTURE OF THE PARTY OF THE